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Safety in Partnership Evaluation

Phase Two Report: Perspectives on Practice

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Contents

1

About the Authors	2
1. Introduction	3
2. Methodology	8
3. Findings: Case File Analysis	14
4. Findings: Focus Groups	22
• Strategic/Management Staff	22
• Operational Staff: Social Work	33
• Operational Staff: Professionals from Other Agencies/Disciplines	43
5. Findings: Case Study Interviews	56
• Family Members	57
• Social Workers	67
• Social Work Managers	84
• Professionals from Other Agencies/Disciplines	101
6. Conclusion and Suggestions for Improvement	112
References	117
Appendices	119

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1. Introduction

This report presents the findings and conclusions from Phase Two of the evaluation of the Safety in Partnership approach (SiP) in the Western Health and Social Care Trust (WHSCT) to the Evaluation Project Board. The evaluation findings are based on the following sources of data:

- **Case Files:** A retrospective documentary analysis of 18 recently closed social work case files from the Family Intervention Service in which SiP had been used. These files related to 18 families containing 44 children and represented 8.3% of all cases closed between 1st February and 31st July 2013 (n=217) and 69% of cases in which the Trust stated SiP had been used (n=26). These findings are reported in Section 3;
- **Focus Groups:** A total of 12 focus groups using a structured topic guide. The focus groups involved 99 participants including representatives of strategic/management groups (4 focus groups involving 35 participants), social work staff (4 focus groups involving 31 participants), and professionals from other agencies and disciplines (4 focus groups involving 33 participants). These findings are reported in Section 4;
- **Case Studies:** An analysis of 19 open cases in which the Trust stated that SiP was being used as the method of intervention. These cases related to 19 families containing 41 children and analysis involved 64 discrete semi-structured interviews with 22 parents/carers, 16 social workers, 13 social work managers and 11 professionals from other agencies and disciplines. Interviews were also undertaken with 5 children/young people. These findings are reported in Section 5.

The overall aim has been to evaluate SiP and its implementation in the WHSCT in order to make suggestions for improvement and development. To achieve this aim, the evaluation has sought to address four key questions:

1. What is the SiP approach?
2. What evidence base does the SiP approach draw upon?
3. Is the SiP approach congruent with the WHSCT's delegated statutory responsibilities?
4. How is SiP being implemented in the WHSCT and what are the views of key stakeholders (children and young people, parents, Trust staff and external agencies) regarding its implementation?

Phase One of the evaluation (Hayes et al., 2012) has already been undertaken and provides a description of the SiP approach and its development in the WHSCT, an outline of the theory and evidence base informing the approach, and a clear statement of the legal and policy mandate within which the approach must be delivered. In order to address the congruence of SiP with the WHSCT's delegated statutory responsibilities in relation to family support, child protection and looked after children, and how it is being implemented, two further phases of work were proposed:

Phase Two: A realist evaluation of the implementation of SiP, informed by the initial work undertaken in Phase One, to explore how the approach is implemented in practice in terms of its core elements (including adherence to extant policies and procedures), and involving:

- retrospective case file analysis of cases where SiP has been used;
- focus groups with key groups of professionals;
- in-depth analysis of cases where SiP has been used to include interviews with key professional staff, interviews with family members (adults and children/young people where possible) and observation of key interactions between professional staff and between Trust staff and family members.

Phase Three: The convening of two symposia, the aim of which is to refine the approach and focus upon the intended outcomes for children and their families. The first will be a symposium within the WHSCT to share the initial evaluation findings and discuss the implications. The second will involve participants from the Health and Social Care Board, the Department of Health, Social Services and Public Safety, other Health and Social Care Trusts, and an expert panel from outside Northern Ireland to reflect upon the extent to which SiP is in line with regulatory requirements and best evidence of effective and ethical practice.

As stated above, this report relates to Phase Two, a realist evaluation of the implementation of SiP informed by the initial work undertaken in Phase One. In the Phase One report, we set out our understanding of SiP based on discussions with staff and a review of documents related to the approach provided by the WHSCT. The work completed in Phase Two, however, has enabled us to confirm and further develop our understanding of SiP and this is set out briefly below.

The Safety in Partnership Approach

SiP is a strengths-based, safety-oriented approach to work with children and families which draws upon systemic theory, family therapy, solution focused and brief therapy principles. It also draws heavily from the 'Signs of Safety' approach developed in Western Australia in the 1990s (Turnell and Edwards, 1997; 1999; Turnell, 2012) and is founded on 12 practice principles taken directly from that model.

The approach incorporates a mapping framework; a development of the 'Signs of Safety' assessment and planning framework utilised in Olmsted County, Minnesota (Lohrbach and Sawyer, 2004; 2005), which is underpinned by 6 practice elements, again taken directly from the 'Signs of Safety' approach. A number of tools are also used for engaging children and young people. This 'toolkit' includes, but not exclusively, the 'Three Houses' tool (Weld, 2008) and the 'Fairy/Wizard' tool which are both again taken directly from the 'Signs of Safety' approach (Turnell, 2012: 32-37; Brennan and Robson, 2010).

In addition to the 12 practice principles, 6 practice elements, the mapping framework and the 'toolkit', the WHSCT has outlined 13 aims of the SiP approach. These aims, together with the practice principles and practice elements are outlined in Appendix 1 and the mapping framework, 'Three Houses' and 'Fairy/Wizard' tools are described in Appendix 2.

In the Phase One report (Hayes et al., 2012), we argued that the aims of SiP, and the practice principles and elements, could be distilled into 4 core processes, or elements, that staff returned to frequently during our discussions with them:

1. Building constructive working relationships with families and professionals;
2. Developing a questioning approach to practice;
3. Involving, and communicating with, children and young people;
4. Developing a skilled workforce and learning from practice.

The work completed in Phase Two has enabled us to confirm and develop this further and, in Figure 1 below, we have outlined a model of the SiP approach. The first thing to note about the approach is that it sits within the legislative, policy and procedural framework. As will be indicated throughout this report, there can be confidence that SiP is congruent with the WHSCT's delegated statutory responsibilities and is being implemented in adherence to extant policies and procedures.

Secondly, at the core of the approach, is a focus on child safety and wellbeing. There can be confidence that SiP is not just a strengths-based approach, it is a strengths-based and safety-oriented approach, meaning that the consideration of family or individual strengths does not lead to concerns, risks or incidents of abuse or neglect being overlooked or minimised (Graybeal, 2001; Ferguson, 2011; Pattoni, 2012; Saleebey, 2013).

Finally, the focus on the safety and wellbeing of children is contributed to by 5 core elements (a development of the 4 previously outlined). In keeping with the realist nature of this evaluation, they reflect what professionals reported they do in their day-to-day practice, could be found in the case files, and were described in the case study interviews. These core elements are:

1. **Working in partnership with parents/carers** (referred to in the Phase One report as 'building constructive working relationships with families');
2. **Collaborating with other professionals** (referred to in the Phase One report as 'building constructive working relationships with professionals');
3. **Engaging with children and young people** (referred to in the Phase One report as 'involving, and communicating with, children and young people');
4. **Developing a questioning approach to practice;**
5. **Developing a skilled workforce and learning from practice.**

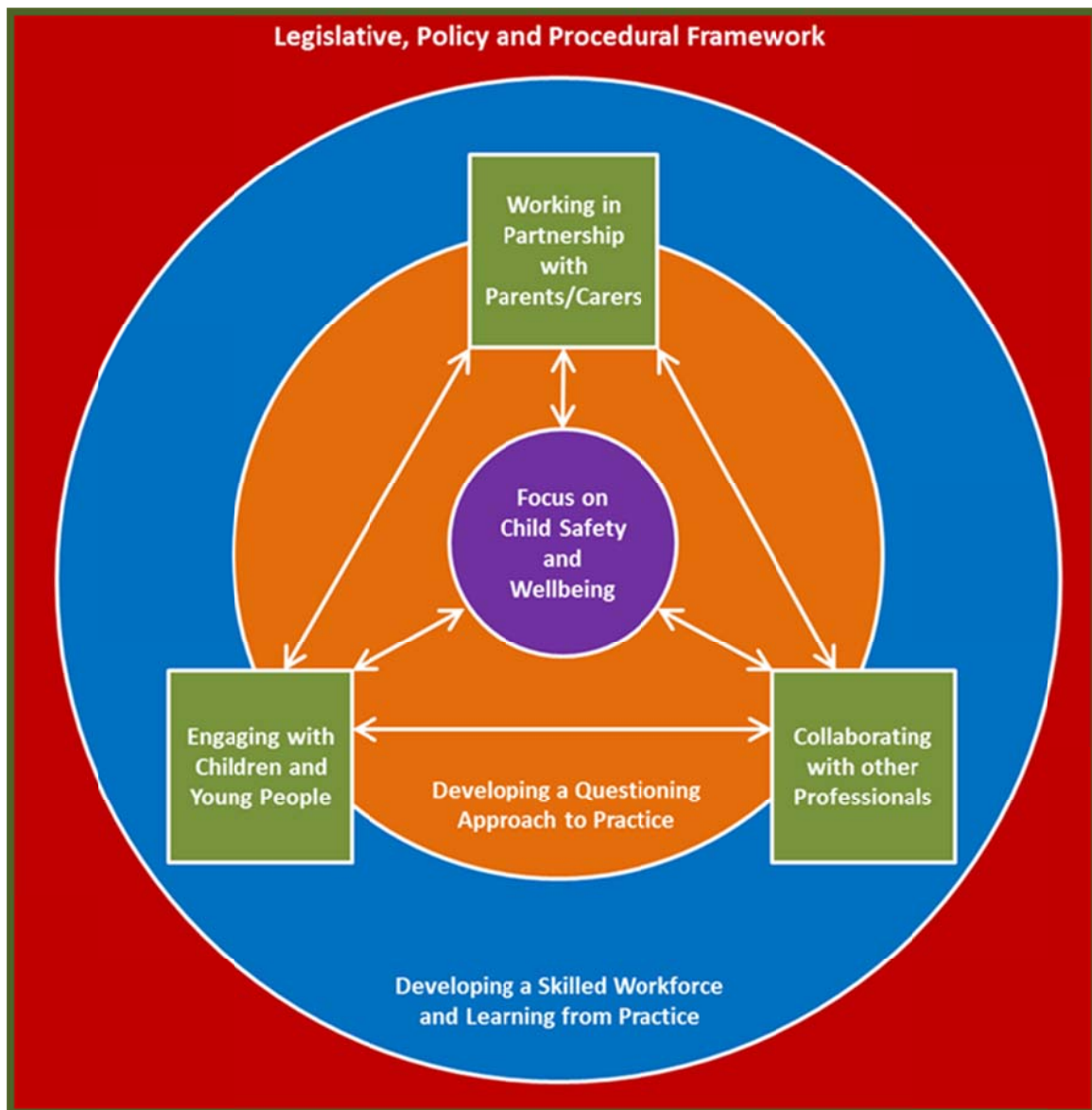


Figure 1: The Safety in Partnership Approach

As indicated in the model, these 5 core elements are inter-linked and, together, they all contribute to the core of the approach; the focus on child safety and wellbeing. These 5 core elements, as well as adherence to policies and procedures, are used to structure the findings reported in sections 3 to 5 of this report. Two considerations, however, need to be borne in mind. Firstly, the 5 core elements are inter-linked and co-dependent but, for the purposes of the evaluation, we have attempted to separate them out in the presentation of the findings in order to illuminate the essential parts of each. Secondly, different participants in the evaluation, depending on their role and their experience of SiP, were better able to articulate some of the core elements than others and there were, also, some differences in perspective.

Structure of the Report

The report starts, in Section 2, by detailing the methodology for Phase Two of the evaluation. Sections 3, 4 and 5 present the findings of the case file analysis, focus groups, and case study interviews respectively and, as noted above, are organised in terms of the 5 core elements of SiP and adherence to policies and procedures. Section 6 concludes the report by summarising the perceived benefits and limitations of the approach, the factors that support and impede its use, and making suggestions to the WHSCT for improvement and development. The conclusions of this report, together with the model presented above, provide the basis for Phase Three, the aim of which is to refine the approach and focus upon the intended outcomes for children and their families.

2. Methodology

This section details the methodology for Phase Two of the evaluation of SiP in the WHSCT. This has been a realist evaluation, informed by the initial work undertaken in Phase One, to explore how the approach is implemented in practice in terms of its core elements (including adherence to extant policies and procedures), the perceived benefits and limitations of the approach, and the factors that support and impede its use. This phase of the evaluation has involved a number of methods of data collection:

- Retrospective case file analysis of cases where SiP has been used;
- Focus groups with key groups of professionals;
- Case studies involving analysis of cases where SiP has been used including interviews with key professional staff and interviews with family members (adults and children/young people where possible).

The resulting samples which the evaluation draws upon are illustrated in Figure 2 below:

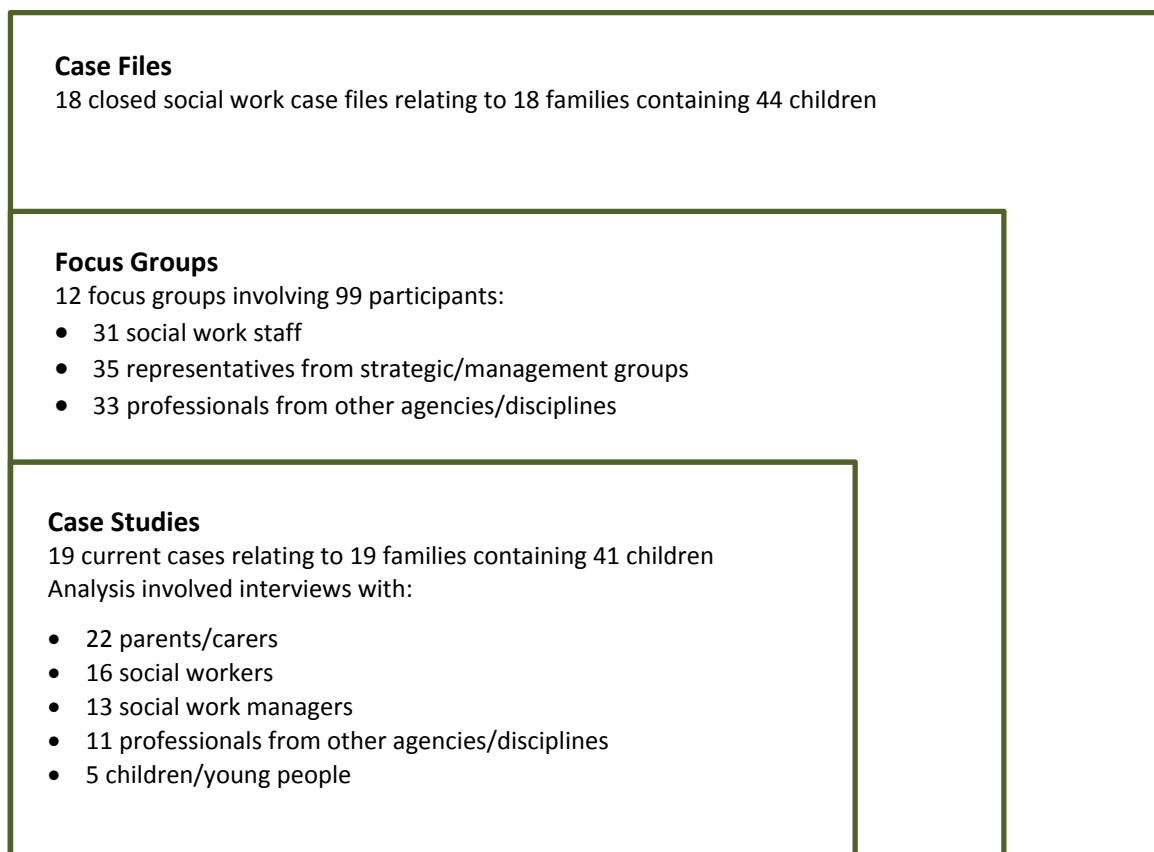


Figure 2: Evaluation Samples

The procedures involved in each of these methods of data collection will be discussed below following an explanation of the overall approach that has been taken to the evaluation.

Realist Evaluation

A 'realist evaluation' approach has been utilised to address the evaluation's four key questions as outlined in section 1. Realist evaluation is an approach to reviewing evidence on complex social interventions, which provides an explanatory analysis of how and why they work (or don't work) in particular contexts or settings. It complements more established approaches to empirical review, which have been developed and used mainly for simpler interventions like clinical treatments or therapies.

Social interventions are complex systems which must operate within other complex systems. Attempts to measure 'whether they work' using only the conventional toolset of empirical research will always end up with the ambiguous, or unhelpful, answer 'to some extent', 'sometimes' or 'more information is needed'. This is, however, of little use to policy makers or practitioners because it provides no indication as to why the intervention may sometimes work and sometimes not work, or in what circumstances or conditions it is more or less likely to work, or what can be done to maximise its chances of success and minimise the risk of failure. In this respect realist evaluation fits well with the current focus on reflective practice and evidence based policy-making arising from the Munro review into child protection in England (Munro, 2011).

Realist evaluation is part of a wider family of 'theory/explanation driven' approaches to evaluation. The core principle is that we should make explicit the underlying assumptions about how an intervention/approach is supposed to work (this is what we call the programme theory/logic model/theory of change), and should then go about gathering evidence in a systematic way to test and refine this theory/model. It recognises and directly addresses the fact that the 'same' intervention or approach never gets implemented identically and never has the same impact, because of differences in the context, setting, process, stakeholders and outcomes. Instead, the aim of realist evaluation is explanatory – 'what works for whom, in what circumstances, in what respects, and how?'

Realist evaluation rests on a set of assumptions that direct its approach to understanding and judging a complex intervention approach such as SiP:

- Behind an intervention there is a **theory or set of theories** held by those delivering it about how people and organisations effect and experience change – it is essential to surface those assumptions and the extent of their coherence;
- An intervention involves the **actions** of those delivering it – observing and describing what those engaged in the approach actually do is essential to understanding it;
- An intervention consists of a sequence of steps through which individuals and groups are engaged in a **process** – the manner in which that process unfolds and the degree to which it follows an intended or unintended path is central to the success of an intervention;
- An intervention is embedded in both **formal and informal social systems** and how they work is shaped by this context – the capacity of the intervention to overcome the constraints within the context and to mobilise the opportunities for positive change determines the outcomes achieved;

- An intervention and its context constitute an **open system** in which purposeful change is achieved through managing the co-production of new behaviours and shared meaning – the effectiveness of an intervention is the degree to which families and services engage with each other, align their goals and adapt their behaviours to achieve identified outcomes.

Based on those assumptions, the key questions for the evaluation were addressed in Phase Two through the following methods of data collection:

Retrospective Case File Analysis

This involved documentary analysis of a sample of recently closed social work case files from the Family Intervention Service in the administrative areas of Enniskillen, Omagh/Strabane, Derry-Waterside/Limavady, and Derry -Shantallow. The purpose of this stage of the evaluation was three-fold:

1. To provide a measure of the degree to which SiP was being implemented across the WHSCT;
2. To gather information in SiP cases following the sequence of the social work process (assessment, planning, intervention, review, closure) in order to explore how social workers and the broader child welfare system have responded to the needs of the children and families involved with particular reference to the core elements of SiP;
3. To assess the level of compliance with the extant regional policies and procedures within the WHSCT in SiP cases.

It was originally proposed to analyse 100 recently closed case files in the Family Intervention Service across the four administrative areas identified above. It soon became clear, however, that the Trust would have difficulty in producing such a large number of files due to the early stage of implementation of SiP. The Evaluation Project Board therefore agreed that it would be acceptable to examine a smaller number of closed files.

The following selection criteria were agreed by the Evaluation Project Board. The case:

- was closed on or between 1st February and 31st July 2013;
- had been open for at least 6 months (date of referral to date of closure);
- involved the convening of a formal meeting during the period of social work involvement (child protection case conference, case planning meeting, looked after child review)

Once the cases meeting these criteria had been selected, Trust staff identified those in which SiP had been used. At this point families were written to, informing them of the evaluation and that their case file had been identified for inclusion. Families had the option of returning a proforma letter requesting that their file be excluded from the evaluation. If the letter was not returned by the specified date, the case was included in the sample made available to the evaluation team. This process resulted in a total of 18 case files being included in the evaluation.

Case file analysis took place on four dates between October 2013 and January 2014. The files were accessed in the offices where they were ordinarily located, and the evaluation team ensured that any information transcribed from the files was in an anonymised format, meaning that all personally identifiable information such as names and addresses were not recorded.

Focus Groups

This involved the convening of focus groups with key groups of staff who had been directly involved in implementing the SiP approach or who had experience of its implementation in work with children and families. The purpose was to explore how the SiP approach was implemented in practice in terms of its core elements (including adherence to extant policies and procedures), the perceived benefits and limitations of the approach, and the factors that support and impede its use.

It was originally proposed to convene 10 focus groups involving representatives from strategic/management groups with responsibilities regarding the implementation of the SiP approach, the Practice Leaders' Forum, social workers, health care professionals, education professionals, criminal justice professionals, and representatives from voluntary groups. Following consultation with the Evaluation Project Board, however, 2 additional focus groups were convened to reflect other important voices not captured in the above listed groups. The first of these was with the Safeguarding Panel and the second involved those responsible for driving and implementing SiP within the WHSCT (key practice leaders, service managers and members of the SiP implementation team).

Focus group participants were identified and invited to participate by the WHSCT and suitable dates were agreed in consultation with the evaluation team. Focus groups took place on twelve dates between October 2013 and March 2014 and, in total, captured the views of 99 participants.

Case Studies

This involved an analysis of open cases where SiP was being used as the method of intervention. The purpose was to gather information from a range of sources regarding how the SiP approach was implemented in practice in terms of its core elements (including adherence to extant policies and procedures), the perceived benefits and limitations of the approach, and the factors that support and impede its use. A number of methods of data collection were proposed although it was recognised that all of these may not be possible in each of the cases:

- Semi-structured interviews with key family members (parents/carers and, if appropriate, children and young people);
- Semi-structured interviews with key professionals (e.g. social work manager, social worker, professional from other agency/discipline);
- Observation of key interactions between professional staff and/or between Trust staff and family members if appropriate (e.g. observation of a supervision session, a piece of direct work with a child/young person, a child protection case conference, etc.)

It was originally proposed that 20 cases would be examined drawn equally from the administrative areas of Enniskillen, Omagh/Strabane, Derry-Waterside/Limavady, and Derry –Shantallow and that each case study would involve interviews with a parent/carer, the social worker, the social work manager, and one other key professional involved in the case. In addition, if appropriate, interviews with children/young people would take place as would observations of key interactions.

Cases for inclusion were identified by the WHSCT with the criterion that they should be ones which exemplified SiP being implemented in practice. The process of identifying cases was, however, slow and by the end of October 2013 only 2 had been identified and, in 1 of these cases, the parent did not keep the agreed interview appointment. At the end of January 2014, 5 cases were included in the evaluation and further attempts were made to identify appropriate cases and have the family's social worker speak to the parent/carer and confirm whether or not they were willing to participate in the evaluation.

In February 2014, 14 cases were identified and the names of parent/carers passed on to the evaluation team meaning that a high proportion of interviews had to be completed in a shorter timeframe than had originally been anticipated. This late identification of cases resulted in 19 cases being included in the evaluation. Due to the number of interviews that had to be completed, it was not possible for the evaluation team to undertake observations as had initially been proposed. Observation occurred in only 1 case (the first case identified) and this was of the mapping framework being used in a core group meeting on two separate dates.

Interviews took place between October 2013 and May 2014 and, in total, involved 22 parents/carers, 5 children/young people, 16 social workers, 13 social work managers, and 11 professionals from other agencies and disciplines.

Ethical Approval

Prior to the start of fieldwork for this phase of the evaluation, some twenty separate documents were prepared, including a protocol for the evaluation, information sheets, consent forms, and data collection instruments (case file analysis schedule, focus group topic guide, various interview schedules, observation recording proforma). These were circulated to the WHSCT for comment and feedback regarding the suitability of the methods and materials being employed. The data collection instruments were designed in order to address the core elements and of SiP (including adherence to extant policies and procedures relating to family support and child protection) and were informed by issues identified in the literature and data collection instruments used in previous evaluations and research studies of a similar nature.

The evaluation protocol and documentation was reviewed by the Research Ethics Committee, School of Sociology, Social Policy and Social Work at Queen's University Belfast who approved the evaluation on 13th August 2014. The favourable ethical opinion was subject to a few minor amendments to the protocol the most substantial of which were:

- The development of a passive consent procedure for the case file analysis allowing responses to be returned from those who do not wish for their case file to be included in the analysis;
- Review of the documentation for children and young people to make it more 'child-friendly' and the development of a separate assent form for children and young people aged less than 16 years. The documentation for children and young people was subsequently reviewed by a group of young people from VOYPIC and amended based on their feedback.

Following these amendments being made to the evaluation protocol, and the development of the additional documentation required, fieldwork for the evaluation commenced at the beginning of October 2013.

3. Findings: Case File Analysis

This section presents the findings of the case file analysis. It begins with a quantitative analysis of some information relating to the children, their circumstances, and their involvement with Social Services. This is followed by a section looking at the content of the case files in relation to the 5 core elements of SiP and adherence to extant policies and procedures.

Sample

The total number of social work cases meeting the inclusion criteria is detailed in Table 1 along with the proportion finally accessed:

Total number of children's services cases closed 1st Feb – 31st July 2013 in WHSCT	217 (100%)
Number of above cases in which Safety in Partnership was used	26 (12%)
Number of families withholding consent for evaluation	8 (3.7%)
Number of cases included in the evaluation	18 (8.3% of all cases; 69% of SiP cases)

Table 1: Sample of Case Files

Initially the files on 19 cases were examined but 1 was subsequently removed from the analysis after a parent returned the letter after the stated return date asking to be excluded from the evaluation.

Trust Administrative Areas: Files were analysed from each of the administrative areas within the WHSCT (Table 2). Although SiP had been identified in the Phase One report as being more embedded within the north of the Trust, the file analysis included a sample of cases from the entire Trust area:

Trust administrative area	Number of case files analysed
Enniskillen	5
Derry-Shantallow	4
Derry-Waterside/Limavady	4
Omagh/Strabane	5

Table 2: Files Analysed by Trust Administrative Area

Children: The 18 cases analysed were in relation to 44 children, ranging from a new born baby to an adolescent aged 15 years (although in some cases there was also an older sibling who was an adult). The children were predominantly primary school aged (Table 3), with an equal number of boys (n=22) and girls (n=22).

Education level of children	Number
Pre-school aged	10 (22.7%)
Primary school aged	21 (47.7%)
Post primary school aged	13 (29.5%)

Table 3: Age Bands of Children

Where ethnicity was recorded all of the children were identified as white, except for 2 children from a family identified as Irish Travellers and 5 children from another family with mixed parentage.

6 of the children from 5 families were identified as having a disability. 2 of the children in the same family had been diagnosed with epilepsy, 2 children from different families had been diagnosed with ADHD, and 2 other children had developmental delays.

Parents: Ages were recorded for all 18 mothers but only 8 fathers. Mothers' ages ranged from 19 years to 49 years (mean=34 years), and fathers' ages ranged from 22 years to 43 years (mean=34 years).

In the majority of cases the children were living with their mother, and in only 3 cases were they living with their father (Table 4):

Living arrangement	Number of cases
With both parents	3
With mother only	11
With mother and partner	3
With another relative	1

Table 4: Living Arrangement of Children

Where ethnicity was recorded for parents all were identified as white, except for 2 parents identified as Irish Travellers, and 1 parent who was of Middle Eastern ethnic origin.

In summary, the cases examined are similar in characteristics to a significant proportion of cases referred to Health and Social Care Trusts in Northern Ireland.

Initial Referral: The category of referral for the majority of the cases were recorded on SOSCAR as being 'Child Care Problems' (n=14), with 2 cases recorded as 'Potential at Risk' and the remaining 2 cases recorded as 'Domestic Violence'.

13 of the cases had been known to children's social services prior to the referral leading to the period of involvement subject to this analysis. 4 of the cases had not been known to children's social services, and in 1 case the information was not available. Both of the cases recorded as 'Potential at Risk' had previously been known to children's social services.

Visits to the family took place on the same day as the referral for 11 of the cases, with an additional 2 families being seen the following day. This is a high proportion when the majority of cases were not recorded as 'Potential at Risk'. In total visits took place with 15 of the 18 families within 10 days of the initial referral (including weekends). The 3 remaining cases involved 2 referrals from the police in respect of domestic violence which took 1 and 3 months respectively before a home visit occurred, and a final referral from the High Court in respect of Wardship that took 2 months for a home visit. While these 3 cases were not urgent, the issues warranting referral did indicate that a more timely response was appropriate.

Of the 2 cases categorised as 'Potential at Risk', visits to the family took place within the required 24 hour period, although in 1 case the young person subject to the referral was not seen for another 2 days as the reason for referral was that they had gone missing. The social worker met with the young person once she returned to the family home. In total children were seen on the initial family visit in 9 (50%) of the cases, although in 3 additional cases the child was not available at the time of the home visit and was seen the next day. In 3 instances it was unclear whether or children had been seen on the initial visit.

Multi-Agency and Multi-Disciplinary Working: Neither of the 2 cases categorised as 'Potential at Risk' were investigated under the joint protocol, although there was police involvement in both cases – for domestic violence in 1 case, and for a missing young person in the other case.

As indicated in Table 5, a variety of meetings took place for the cases reviewed, with all cases having at least 1 case planning meeting, and a small number of cases subject to child protection case conferences. On average the number of meetings ranged from 1 in 2 cases, to 1 case where there were 13 meetings (which included case planning, child protection case conferences and core group meetings). The mean number of meetings per family was 4:

Attendance at these meetings from family members was generally good, with a parent or parents attending all or the majority of meetings in 15 cases, children attending for some or all meetings in 3 cases, and extended family attending at least some meetings in 5 cases:

Meeting type	Took place	Not applicable
Joint protocol strategy discussion/meeting	2	16
Case planning	18	0
Child protection case conference	4	14
Child protection core group	4	14
Looked after child review	0	18
Family group conference	2	16

Table 5: Multi-Disciplinary Meetings

Length of Social Work Involvement: The length of social work involvement in the 18 cases studied ranged from just under 6 months to 52 months in 1 case. The mean length of involvement for all cases was 19 months, although the 4 cases where children were subject to child protection plans had a mean period of involvement of 27 months (and thus the remaining cases had a mean period of involvement of 16 months).

The next part of this section addresses how the content of the case files evidenced the 5 core elements of Safety in Partnership and adherence to extant policies and procedures.

Working in Partnership with Parents/Carers

A key feature of SiP is the foundation and quality of the relationship between professionals and parents/carers. Whilst case files are limited in conveying the quality of relationships, there was clear evidence in the majority of the cases examined of constructive working relationships between social workers and family members. An example involves a father who had assumed the care of his children. When historic allegations of sexual abuse from a family member were raised, social workers dealt with this in an open and robust fashion and negotiated the children's return to their mother's care without the need to instigate legal intervention.

As noted earlier there was regular attendance by parents at meetings in the majority of cases, in addition to regular and often very frequent communication between staff and parents. In a number of the cases it was apparent that the tools used in SiP did facilitate a more open and constructive relationship. For example, in 1 case when the High Court ordered that the Trust seek foster placements for the 5 children, the use of the mapping framework to inform the wider family about the concerns led to the development of a clear and structured safety plan. This had the benefit of allowing the children to remain in the care of their extended family with regular contact with their mother. In another case the use of individual tools with the children and mapping helped to convey to a father the

children's concerns about his use of harsh discipline when they came to visit him. Finally, it should be noted that in the cases reviewed there was regular evidence of social workers engaging with children's extended family as a means of supporting children and parents, and on occasion providing alternative care to children. This is in line with the policy expectations in Northern Ireland in relation to the provision of alternative care for children when they are unable to live with their parents.

Collaborating with Other Professionals

In all 18 cases there was evidence of multi-disciplinary working through the sharing of information and multi-disciplinary meetings, most typically case planning meetings. In some instances other professionals were involved in mapping. It should be noted, however, that often the attendance of other professionals at case planning meetings and core group meetings was limited, an issue broader than SiP or the WHSCT. The meetings with the greatest attendance were child protection case conferences involving children on the child protection register.

Whilst meetings are very important for ensuring that all involved professionals are able to share and discuss their assessment and contribution to work with the family collectively, most multi-disciplinary working occurs outside of formal meetings. There was consistent evidence across all social work case files that social workers liaised regularly with a range of other professionals, typically including teachers, health visitors, the police and GPs. In some cases there was frequent liaison with specialist services, such as Community Addictions Services, Family Centres and Community Mental Health Teams. This form of communication could most often be characterised as either 'information gathering' or 'information sharing', and typically occurred by telephone.

This sharing of information is important, although it cannot be seen as a substitute for professionals meeting together. In the cases examined there were opportunities for professionals to meet together on a regular basis in most cases but, as noted above, attendance was sometimes limited.

Engaging with Children and Young People

In 10 of the 16 cases where children were old enough to be engaged (the other 2 cases involved infants) there was evidence of staff using the 'Fairy/Wizard' and the 'Three Houses' tools to elicit the views of the children. It is likely that even without SiP, many of the children in these cases would have been involved in discussions with their social workers about their situation. The use of the tools, however, provided a focus for at least part of this work and a visual representation of the views, wishes and feelings of the children. This direct engagement with children and young people often had a very direct influence on the progress of a case. For example, in 1 case direct work by a student social worker indicated that the children in a family were unaware of who their biological father was, in spite of

spending occasional weekends with him. Further direct work with the children addressed this issue. In another case children expressed concern about their father's harsh use of discipline and this allowed staff to satisfactorily address the issue with him.

It was of note that children's involvement in mapping seems to have been limited. This may be due to a variety of factors, including the young age profile of the majority of children, the need to involve separated parents when there were tensions, and the paternalism of staff towards children. However, in many instances the file did not state explicitly who was involved in the mapping and, therefore, in some cases young people may have been involved. It would be useful in future mappings to detail on the sheet who participated in the process.

Given the use and benefit of the tools associated with SiP, consideration could be given to developing a broader range of child-centred tools to support staff in direct work with children and young people. This would ensure, when there is involvement over a longer period of time, that different means of engaging with children ensure that they remain engaged. Additional tools could also take account of children's different ages, differing developmental stages and accessibility for children with disabilities, and different cultural and linguistic backgrounds.

Developing a Questioning Approach to Practice

From the analysis of case files it was difficult to determine whether the use of SiP promoted a questioning approach to practice. There was evidence in a small number of the cases of the use of the mapping framework in supervision (n=3) and, in a larger number of cases, mapping was used with families and other professionals (n=7).

Developing a Skilled Workforce and Learning from Practice

There was some evidence in the files to indicate that, in a small number of cases (n=3), mapping had been used in supervision as a means of informing future work plans. Some case files regularly included a record of discussions about a case from supervision, but this was not uniform.

Adherence to Policies and Procedures

One of the key issues to be addressed by this evaluation was whether SiP was being used in conjunction with the extant regional policies and procedures relating to family support, child protection and looked after children. In reading the case files the following policies and procedures were considered:

- the Regional Child Protection Policies and Procedures;
- UNOCINI Guidance (revised June 2011)
- the Protocol for Joint Investigation by Social Workers and Police Officers of Alleged and Suspected Cases of Child Abuse – Northern Ireland (revised 2013)
- the Children Order Series of Regulations and Guidance
- the Children Order Advisory Committee Best Practice Guidance

The criteria set for the file analysis means that the case files examined cannot be taken as a representative sample of all cases either referred to or accepted by the WHSCT. They do, however, offer a window into everyday practice in the Trust.

There was clear and consistent evidence in all 18 cases of SiP being used appropriately in conjunction with the various regional policies and procedures listed above. As noted in the first part of this section, the referrals in the 18 cases were typically of requests for an assessment of a child's needs due to concerns for the child's welfare. In all 18 cases there was a comprehensive UNOCINI assessment on file, setting out the needs of the child and their family.

Overall the standard of response to the initial referrals was robust in all cases and swift in most of the cases. It is encouraging to note the very timely follow up to referrals in 15 cases, and the very high number of cases (n=13) responded to within 24 hours of the referral. This seems to reflect recognition that, in some cases, although recorded as 'Child Care Problem', a child's circumstances warranted an urgent assessment.

In 10 of the cases, including 2 involving child protection case conferences, there was evidence of mapping having occurred. This typically involved other professionals and family members, although in a small number of cases (n=3) there was evidence of mapping being used in staff supervision. In most instances when mapping had occurred this was used to inform the UNOCINI pathway assessment and case planning meetings.

From the case files there was some evidence to indicate that mapping had helped to inform assessments and interventions through articulating the risks to children, the areas of concerns, and potential strengths in the situation. For example, in one case the mapping led to a decision to involve wider members of the family in providing practical and emotional support to a family. In another case the mapping helped professionals and family to pull together a more comprehensive understanding of the needs of a young person whose situation was quite complex. It is of note, however, that in 8 cases there was little evidence of mapping being used, and it was unclear as to why this might have been the case.

It was positive to note in 1 case, initially referred due to the mother's use of substances and poor mental health and the instability caused by the parents' separation, that when the initial safety plan agreed with both parents was not adhered to, an initial child protection case conference was convened. This allowed for a more formal response to the continuing risks to the child.

In contrast, in 2 cases from different offices, the reading of the case file led to the impression that staff may have underestimated the risk to the children's longer term emotional and social needs. In the first case a referral by the police in relation to domestic violence did not result in a home visit for 3 months until a second referral, indicating that the father had returned to the family home, was received. The initial case planning meeting took place 9 months later (14 months after the initial referral), and the social worker had only ever seen the father and the children, never the mother, in spite of MARAC rating the risk in the case as high. In the other case a mother of a young child was referred due to her misuse of alcohol. Whilst a safety plan was put in place, a child protection plan was not deemed necessary due to the monitoring and support by an extended family member. However, despite evidence of the mother's frequent relapses and non-adherence to the safety plan over a 5 month period, there was only a record of 3 home visits to the mother and child, and 1 visit with the mother and her sister; the protective adult. If this case was to be managed outside the child protection system then there needed to be a clearer schedule of visits to the family and review of the case, including the safety plan which patently was not working. There is nothing to indicate, however, that the use of SiP was a significant factor in the outcome in either of these cases.

Overall there was clear evidence in all 18 cases that SiP was being used in conjunction with the extant policies and procedures and no evidence that the use of the approach increased the risk that any child was at.

4. Findings: Focus Groups

This section reports the findings from focus groups carried out with strategic/management staff, operational staff: social work, and operational staff: professionals from other agencies/disciplines. A total of 12 focus groups were conducted involving 99 participants as follows:

- **Focus Group 1:** Social Workers from Derry-Shantallow and Derry-Waterside/Limavady (5 participants);
- **Focus Group 2:** Social Workers from Omagh/ Strabane and Enniskillen (12 participants);
- **Focus Group 3:** Representatives from the Practice Leaders Forum (10 participants);
- **Focus Group 4:** Representatives from voluntary organisations (8 participants);
- **Focus Group 5:** Social Workers from Derry-Shantallow and Derry-Waterside/Limavady (8 participants);
- **Focus Group 6:** Social Workers from Omagh/Strabane and Enniskillen (6 participants);
- **Focus Group 7:** Representatives from strategic/management groups at the Quality Improvement Board meeting (9 participants);
- **Focus Group 8:** Representatives from the Safeguarding Panel (8 participants);
- **Focus Group 9:** Healthcare professionals (12 participants);
- **Focus Group 10:** Education professionals (6 participants);
- **Focus Group 11:** Criminal Justice professionals (7 participants);
- **Focus Group 12:** Key practice leaders, service managers and members of the SiP implementation team within the WHSCT (8 participants).

Strategic/Management Staff

For the purposes of this evaluation strategic/management staff were represented by the feedback and opinions shared in the following 4 focus groups:

- Focus Group 3: Practice Leaders Forum (N=10)
- Focus Group 7: Quality Improvement Board (N=9)
- Focus Group 8: Safeguarding Panel (N=8)
- Focus Group 12: Key practice leaders, service managers and members of the SiP implementation team (N=8)

The sample, therefore, comprised of 35 participants. The information described below was provided by these participants across all 4 focus groups.

Knowledge of Safety in Partnership

All the participants were aware of the SiP approach and its strategic importance to the Trust. There was a general consensus in support of the approach amongst Social Services staff with tapering support from other agencies and professionals. This seemed to reflect less experience of the approach in practice where it did not directly overlap with the work of the agency or profession; for example educational psychology. In addition there were some past and some lingering concerns about how easy a fit there was between the approach and child protection procedures. However, amongst those actively using the approach there was confidence that not only did the approach sit alongside child protection procedures but it led to much more informed and effective assessments of risk and safety planning. The approach was also strongly supported as expressing the family and child focused ethos of the Trust and the Children (NI) Order 1995 – *‘Nothing About Families Without Families’*. It was also seen as closely aligned to the knowledge, values and skills of social work as a profession.

There was also general recognition, and repeated use of the phrase, that the Trust was ‘on a journey’ in developing and implementing the approach. So, whilst acknowledging that there was still a way to travel, there was a general strategic view that the SiP approach as a direction of travel was the correct one. At its present stage it was seen to be providing the basis for a clear, evidence based focus on how to advance children and young people’s safety and wellbeing right across the range of circumstances that brought families into the Trusts children’s services. This view was backed up by a rich store of case illustrations. However, the measurement of the positive outcomes that were reported anecdotally from across the range of services was one of the areas recognised as requiring further work. Others included the blanket roll out of the approach to social work staff in children’s services across the Trust and clearer communication, including training opportunities, of the approach to other disciplines and agencies. It was noted that over the last eighteen months there has been renewed and successful efforts to promote the approach.

Working in Partnership with Parents/Carers

When asked to define SiP, partnership with parents was consistently reported as being at its core. The practice principles, the values that underpinned them and the techniques through which they were operationalised were all about finding ways to respect and value parents’ efforts on behalf of their children whilst openly addressing concerns that existed about their children’s safety and wellbeing. This was seen to express the ethos of the Children Order and Trust’s children’s services. It was contrasted to past commitments in principle which never managed to find real expression in practice. In part this was because an overly proceduralised, bureaucratic approach to the management of child protection made it very difficult to engage parents. They tended to experience their involvement as being blamed and instructed to fulfil their part of a protection plan which had been drawn up in reports and meetings they found intimidating and often incomprehensible:

“...child protection plans done onto families and then reviewed every six months and decide whether they work or not...people coming wanting to take a family into court because the family isn’t adhering to the plan...look at the detail...no human being could do that for the next six months”

The difficulty in engaging parents was also seen to have been because there had been an absence of a clear approach to consistently working in a way that enabled effective partnerships with parents. It was such an approach that the Trust now saw itself having with SiP. Rooted in a value system, and a set of aspirations about relationship based, quality practice that social work staff could easily identify with, SiP promotes engagement of parents in managing perceived risks to the safety and wellbeing of their children. It provides a strengths-based approach to problem solving that is very explicit about what exactly the problems are that need solving. This is done in a way that relates directly to the lives and language of the parents:

“...mapping process can dispel myths around families, replaces them with evidence and facts. For me there are a lot of families I have worked with for years and nobody ever quite says what it is and it’s the who, what, why and where questions in the mapping process is very good. It’s all up there on the wall”

SiP was presented as a strategically driven approach to directly involve parents and extended family in partnership with children’s services and other agencies in ‘wrapping safety around risk’. Whilst the technique of ‘mapping’ was frequently referred to in illustrating the characteristics and the effectiveness of working in partnership with parents, it was also stressed that achieving that engagement required the SiP approach to infuse the whole system. Driven by its practice principles, it was a means to manage the power relationships within families and between parents and Social Services in an action, goal orientated way. The approach was a means to instil hope in change in both parents and staff in a realistic and purposeful fashion:

“It [mapping] takes the panic out of child protection. It helps people to respond rather than react. When we are in situations which are so busy and so complex...people are inclined to react rather than respond...what you see is people starting to reduce their anxiety and to start to think themselves into and through cases. It is a much more useful tool to bring about clarity and focus to situations. Decisions are then made on the relevant information”

Whether in individual meetings with parents, or in meetings in which the mapping framework was used, it was reported as crucial that attention was given to getting accurate, contemporary information through sharing concerns and the cause of those concerns. Focus, honesty, clarity and the use of straightforward language was the key to this. Mapping, whether through formal meetings or in the way in which ‘worries’ were discussed with parents, was regarded as a very effective way of achieving this. Seeing their own words go up on a mapping sheet was regarded as giving a powerful message to parents that they were respected and involved. Setting out basic but often complicated information through

genograms and eco-maps helped ground risks and protective factors in ways that helped 'untangle situations'. It did this in a balanced way, giving parents messages about their strengths as well as about the causes for concern about their children. It also allowed them to express their disagreement and to make choices about future actions being aware of the likely consequences:

"I had one mum who says to me afterwards: 'you're quaire craic fella, you made me and him do all the work' because the social workers hardly talked"

Involvement was not seen as easy for parents. It was about getting into 'hard stuff' including sharing of information that could increase professional concerns and present parents with worse pictures of their lives and their children's experiences than they cared to face. It could also result in decisions about aspects of safety plans or even the removal of children that parents did not accept but did more clearly understand than they would have in the past. All of that was seen as requiring very skilled handling in terms of preparation with parents, facilitating the mapping, including 'parking issues' and recognising 'complicating factors' and identifying 'grey areas' and managing the after-effects. Where that was done the view was expressed that there was no situation, with the exception of a case cited where a parent had a major mental health problem, that the SiP approach could not be used. Whatever the outcome, and that included having to abandon attempts to map, fuller understanding of situations resulted:

"...the idea of a rock and a hard place because Safety in Partnership is not an easy option, an easier option, the soft option...describe the rock, sometimes the child comes out of the house and we go to court and seek a care order, and the hard place is Safety in Partnership, do a piece of work to try and create safety so that something different can be achieved with a better outcome for the child and family"

No auditing of complaints or other methods had been used to see if there were indications of satisfaction or dissatisfaction in regard to SiP although this has now been addressed by the interviews carried out with family members as part of this evaluation (see Section 5). Anecdotally, however, the view was that parents were more satisfied. In particular they valued the respect they were afforded and the use of clear direct language to state causes for concern and set out safety plans:

"Prepare them before they come into the room and there is a skill in that...the idea of sitting down with people and having a chat in the right way, with the right tone, about the right things"

Collaborating with Other Professionals

Whilst SiP was seen as a Social Services initiative closely aligned to the knowledge, values and skills of social work as a profession, it was also clearly stated that it had to engage and receive support from other professions and agencies. To be effective, SiP had to be a 'shared journey'. At the same time recognition needed to be given to the important differences in the 'core business' of education, health and Social Services which influenced

the way SiP was engaged with and the resource afforded to engaging. It was also recognised that there were significant areas of overlap when it came to addressing child safety and wellbeing. This reflected the systemic underpinnings of the approach along with lessons from child death reviews that where professions and agencies could not collaborate children and families suffered:

“People talk about relationships. And it is not just relationships between the social worker and the client and the family. It is relationships between the wider multidisciplinary team. We don’t always have to agree, but we have to respect and we have to debate and discuss and understand where people are coming from”

“It is the language. You are not asking people do you think this child is at risk in front of the family...you are asking what is it you are worried about and it is alright to say in front of the parents I’m worried about this. It’s a different type of language but you’re still coming to the same conclusion - this is what the risk is”

There was confidence expressed in the progress made in developing a shared understanding of the approach in the last few years. In part this was because, once the approach was adopted by Social Services, it inevitably had a ripple effect across other services within and outside of the Trust with which it was engaged in joint working. There was now awareness across other agencies that when involved with children’s services they could expect work to be in the SiP style: ‘up front’ about concerns with families; looking for agreement on evidence; and commitment to partnership working. The extent of the overlap of ‘core business’ was seen as significant to the extent to which there was a shared understanding of the approach. So that even within services that overlapped with social services, such as health and education, different professions were engaged to different degrees.

Health visitors, with their concern for the safety of young children, were seen to have been quick to show interest and engage. It was suggested that to some extent SiP involved Social Services moving closer to the concerns of health visitors by moving away from positive but imprecise wellbeing goals to addressing very immediate ‘safety concerns’. At the same time that was done from a social model, strengths perspective, not from a deficits, illness perspective, by insisting on attention to protective as well risk factors.

Education Welfare Officers were also reported as very positive as they appreciated the degree of clarity about support for families, child protection issues and the safety plan. It was noted that specific support, an identified champion, and staff training, had been given to engage education recognising that individual teachers might only have involvement once a year or even once in three years. It was reported that health, education and the courts increasingly understand and endorse the approach.

Helping other professions engage with SiP was seen to be helped by the range of parallel initiatives in the Trust ‘which speak to each other’. Mention was made of the Family Nurse Partnerships, MAP, Family Group Conferencing, the Solihull approach and the Recovery model. It was argued that these shared a mutually reinforcing set of values and principles of

respect, engagement and empowerment of service users and patients. The shift towards recognising the social model in nursing was seen as a significant support. It was also suggested that UNOCINI, with its messages about measuring change, having realistic expectations, building good relationships as the foundations of good assessment and protective practice, had helped prepare the way for a shared understanding of what SiP was trying to do. The importance of multi-agency training was noted. Other agencies had expressed interest in using the SiP mapping framework and the communications toolkit. It was also suggested that work on aligning other agencies' models of assessment and ways of working would be useful.

It was acknowledged, however, that initially there had been some scepticism and concern about SiP from other agencies and professions but that this had lessened with the experience of seeing it being implemented. That was also helped by giving a clearer message that SiP does not set out to replace child protection systems but runs alongside and feeds into them. Shifting the culture of other agencies along with that of children's services was also supported by other shared training and experiences of partnership working not directly related to the approach:

“There is an issue of different frames of reference, and multiple perspectives as well is important too, as that is the key to good safe practice as well as multidisciplinary working and the thing is how to practice that and make it work best. I think in some ways that is where Safety in Partnership is a powerful tool. I think we all know that one of the greatest barriers to families making progress is the conflict and the difficulties that exist between professionals and that kinda brings us back to the idea of shared understanding of the problem. If you are able to map it there might still be disagreement and the disagreement can be reflected in the mapping and it's ultimately a useful way of at least having some shared understanding”

At the level of the individual families engaged in SiP, it was recognised that there had to be progress on multidisciplinary working as this was so central to understanding what makes a situation dangerous and what can make it safer. It was also recognised that successful collaboration had to be based on good working relationships that were purposeful, respectful of differences of perspective and opinion, and which could be challenging. This required working on better communication helped by the development of a common language reflecting the principles, framework and tools of SiP. As importantly it required demystifying language, replacing profession-specific jargon with clear statements of 'worries' and suggestions for addressing those concerns in plain language meaningful to both parents and other professionals. The use of mapping with its attention to preparing participants for working together, promotion of clearly stated Purpose/Focus of Consultation, clear and open communication and use of scaling was cited as a major means of ensuring effective collaboration.

It was recognised, however, that this carried risk with it. The power dynamics within families had to be addressed. The example of one side of a family using information to bully a parent was cited. Families in which there was domestic violence were of particular concern.

Poorly handled open sharing of information to violent partners was seen to exacerbate the risk to women and to children. Protective silence by a mother could be taken as lack of engagement and co-operation rather than fear and staying safe. This emphasised the importance of skilled and knowledgeable facilitators, not just in the use of mapping, but in regard to whatever issues were defining the family circumstances.

It was noted that similar family dynamics could be at play in case conferences, case planning meetings, core groups and LAC reviews but were less likely to be surfaced and addressed. SiP provides the opportunity for others involved, such as the PSNI, to raise call-outs to incidents of violence as a worry to map. It was also noted that one of the lessons learnt was that the decision about who attended a mapping was an important part of its preparation. It was also recognised that individually some staff from other agencies were further along the road than others in understanding and accepting SiP as an approach; and some have had further to travel than others. In particular, the open sharing of concerns directly with parents and wider family members was seen as very challenging for some:

"I don't think those conversations in the corridor are acceptable any more. I think that is what this model does. It brings it into the room, gets it on the table, gets it out open with the family...you will still get professionals coming into the room saying I'm telling you but I'm not prepared to say in front of him or her [but SiP] gives the worker, the front line worker, the front line manager, the sort of permission to question that view and say why?"

Experience of being directly involved in implementing the SiP approach was seen as the best way of shifting people's attitudes and understanding. Where there were situations in which information was shared outside the mapping that needed to be brought into the meetings, the expectation was that the reasons for this should be explored. There might be good reason but it needed to be articulated and open to challenge. As with any professional concern being expressed in or outside of a meeting there was a need to explain the thinking behind the concern. In this way, SiP can be used by professionals amongst themselves to better understand reticence to be open in front of parents, and what that says about both the family and the professional. The importance of skilled facilitating was stressed in managing this issue.

The result of the SiP approach to collaborating with other professionals was seen to be a better informed evidence base, improved decision making and more active engagement in the management of risk and the promotion of positive change. Whilst there was recognition of Social Services' lead role, the contribution of other professions was seen to be enhanced by being directly involved in sharing concerns, identifying complicating factors and grey areas, establishing strengths and risks, ranking and planning next steps. Hearing the same information, at the same time, with a shared focus on clarifying concerns and determining how to improve a situation was seen as making for clearer inter-professional communication, deeper engagement and a shared understanding. It was reported as helping dispel myths about families often bound up in past family history and partial views of the family.

Different professionals know families in different contexts and through different lenses. That can lead to fuller or narrower views, and more positive or negative assessments of families. Multiple perspectives provide for a much richer evidence base. The technique of scaling was seen to be particularly helpful in clarifying the extent of concerns and what it would take to improve a situation; what was necessary to move safety factors up and risk factors down if only by one or two points. Checking that at the start and end of meetings allowed for important differences in professional focus, and even thresholds of risk, to be clarified and the implications worked with.

Engaging with Children and Young People

There was a clear consensus about the central place of children in SiP and the importance of the 'toolkit' of resources in providing a means to directly engage with children and young people about their wishes and feelings. Within the approach they registered the importance of building relationships with children and young people in order to find ways of ensuring their voices were included in the predominantly adult conversations about concerns over their safety and wellbeing:

"The refocusing on individual work with children, it's in existence, it happens, but brings in new tools or different types of tools about children's wishes and feelings that feeds into the mapping process and what the child sees as positives in their lives. You get to hear their voice more in it and what they are worried about can form part of the risk statement"

Direct reference was made to the 'Fairy/Wizard' and 'Three Houses' tools but it was stressed that these were only two, albeit well understood and increasingly widely used, tools. The promotion of the tools by SiP was seen as important for re-legitimising direct work with children as a core social work role. Indeed it was noted that it was important to modify the 'Fairy/Wizard' and 'Three Houses' tools, supplement or replace them with other techniques (the Desert Island was one mentioned) if that was required to meet the needs of the individual child or young person. It was also recognised that workers too would have different strengths and preferences as to how best to engage with children and young people. Other agencies were reported as being interested in using and modifying the tools for their own purposes.

Age appropriate techniques and approaches were needed in particular for adolescents. Whilst the format of the younger children's tools was not appropriate, the three basic questions continue to be – 'what's going well for you, what's not, what needs to change?' Those questions could be directly explored in discussion with a young person either outside of, or as part of, formal mapping. Whilst there was no reporting of children of primary school age being involved in formal mapping, young people were. This carried with it its own challenge for facilitators. It required good preparation beforehand, including selection of smaller numbers of professionals and family as young people reported it difficult to contribute when overwhelmed by the number of adults present. It also required paying

attention to the young person's level of engagement during the mapping as this was likely to wane over a long period. It was reported that when judged necessary mappings were spread across a number of meetings:

"You have to be really tuned in to the length of time it takes. What you think will be quite quick and quite straightforward can be quite lengthy and you lose the children. You need to make sure you are tuned into those sort of things, keeping their attention and focus. I have been part of some where we have had to say enough is enough for today and reconvene and those sort of things and to get to the end of it, the risk statement and safety plan, the length of time it can take can be difficult"

It was also necessary to ensure that strengths as well as risks, or 'faults' as the young people tended to see it, were visually mapped early on. Positive messages in a mapping could be a very powerful motivation to a young person to engage. As with their parents they were best placed to help professionals understand the protective factors and risk factors in their lives and come up with workable ways to address concerns about their safety and wellbeing:

"Children in residential care putting themselves at risk and the Principal Practitioner mapped it up for the family and the young person and that young person was able to come up with their own safety plan...in particular he knew what friends he needed to avoid and what areas he needed to avoid to keep himself safe"

It could also demonstrate how mistaken a professional reading of a young person's situation could be. But that too allowed for a better informed reassessment:

"Had a case where a young person just didn't understand, just couldn't understand. We started with the strengths first. He still got very annoyed. We had to stop it that day...I didn't realise how limited the young person was...I had to come in from a different angle and it was about making him believe we were trying to put in support"

Although direct participation by adolescents in mapping was reported, there was a sense in which engagement was achieved in a much more wide ranging way and not just in the use of techniques which were then reported to the mappings. Though it was stressed just how powerful it could be for parents to get a view of their child's perspective:

"It's a very powerful tool for parents to hear how their children view their world at home, in positive terms and in negative terms...trying to understand who is in it, who they would prefer wasn't in it and who they would like some more in it"

The child's perspective could be brought in through asking child focused questions of the adults, such as what they thought a child or young person would say were their worries or their hopes for the future if they were there. In that sense there was more of a sense of SiP being child focused than child participatory.

Developing a Questioning Approach to Practice

Reflecting the systemic origins of the approach, it was stressed how important it is to ask the right sort of questions. The aim is not to ascertain the necessary information to inform a command response but rather to promote evidence-based, reflective practice. Once again the alignment with social work is apparent. It was reported that managers, as much as the facilitators of mappings, were trained and encouraged to model key aspects of the practice principles through open questioning; what are you worried about, what is going well, what are you looking to change?

“The approach is very much a questioning approach. It is how we ask the right question to get the right information. So what we have targeted is say, senior staff looking at how they ask questions when staff ring them looking for advice. What questions do they ask them to get the right information or to help them think themselves into and through a case? And it is a very different way of working because in the past a lot of managers would have responded to social workers with, this is what you need to do - A, B and C. Where now it's looking at, so what options do we have, what do we need to do next, what do you think we need to do next, what more information do we need? So the questioning approach develops social workers as we go along”

They push for explanations and drill down into the evidence base and explanation for a situation rather than requiring yes/no definitive opinions. They expect staff responses to reflect aspects of the SiP practice principles and will prompt accordingly; what exactly are you concerned about, give examples, what is the understanding/explanation given by the parent, by the child, by extended family, are there exceptions to the patterns of behaviour giving concern, what strengths are there in the situation to offset the risks? Scaling was seen to provide a very helpful technique for giving focus, not only to discussion on the extent of existing risk and protective factors, but also to what needed to happen to improve the situation, however slightly in the future; ‘questions of hope’:

“At the start of mapping we might ask how worried are we about...the child having contact with the father on a scale of 0-10...It's very clear because everyone is around the table naming what point they think it is on the scale and what they think it would need to take just to move it forward one more point or two more points. Scaling questions are used at all levels. It is not just about mapping. It is really important that. Because your conversation with your young people, with your social work staff...They are going out to talk to families about the worries they have. That can be used throughout. It's a questioning skill”

It was suggested that whilst this style of questioning was hard to sustain, especially in very busy or crisis situations when command was the management default position, it was starting to change the language and way of thinking from senior management through to front-line workers. It was also seen to be providing different, more detailed, and more nuanced information which included insights into what families managed well alongside their difficulties. It was noted that this new way of questioning required not only technique, but also a different type of relationship between the person asking the questions and the

one answering; whether manager to staff or social worker to parent. It required respect. The reflexive nature of the questioning encouraged by SiP was nicely illustrated in the way it encouraged critically appraising the approach itself:

“There is an element of managerial/strategic direction which seems to be that this is the be all and end all at the minute and this is what we are running with. There is a challenge to sometimes say no, in this case we are not going to go down that road or we don’t need to or it’s going to be limited in its use. I would just be cautious that while I think it has great potential, and we have already seen some of that, but it shouldn’t be seen as the panacea to all our difficulties”

Developing a Skilled Workforce and Learning from Practice

A recurrent theme was how implementing SiP was a process in which experience was driving the growing understanding of the approach and giving staff confidence in using it. However, it was clear from the constant reference to skill levels involved, especially by the facilitators, that training was crucial. That in addition required support within Trust policy and procedure. It was suggested that there needed to be a better fit between Trust policy, procedure and SiP practice and what was required by regional policy.

Adherence to Policies and Procedures

Despite the concern expressed about slight jarring between regional policy and Trust practice it was consistently stressed that SiP in no way undermined existing policy and procedures:

“Do the families really know what it is we are talking about? This is where it really aids our child protection plans and procedures. We for a long time have talked about what families need to do in relation to child protection plans but do they really know what we mean? This is where Safety in Partnership has really aided that. Where you are telling families very clearly what the worries are and you are asking them what their worries are. And you are getting a much more realistic view of whatever the family’s life experiences are and what the worries in the family at that time are...Because they usually have a more realistic view than we do. So by breaking it down to very clear; this is what we are worried about; this is what we need to do; and this is what is working well and let’s build on that. You’re getting a true picture with this approach to what the actual child protection concerns are”

This was so much so that there was some concern expressed about the time and paper work that had to go into what some experienced as an additional layer of work associated with SiP. At the same time, there was some suggestion that the context set by SiP did make the child protection procedures seem less adversarial and weighted against parents. It was also reported that it provides high quality information and analysis that finds its way into UNOCINI and other types of assessments and reports and so into case conferences, case reviews and LAC reviews.

Operational Staff: Social Work

For the purposes of this evaluation operational staff: social work were represented by the feedback and opinions shared in the following 4 focus groups:

- Focus Group 1: Social Workers from Derry-Shantallow and Derry-Waterside/Limavady (N=5);
- Focus Group 2: Social Workers from Omagh/Strabane and Enniskillen (N=12);
- Focus Group 5: Social Workers from Derry-Shantallow and Derry-Waterside/Limavady (N=8);
- Focus Group 6: Social Workers from Omagh/Strabane and Enniskillen (N=6).

The sample, therefore, comprised of 31 participants. Social work managers were included in Focus Groups 1 and 2 but not in 5 and 6 due to a concern expressed that this might affect the frankness with which front-line staff could express themselves. On analysis, however, there were no significant differences in the tone or content between Focus Groups 1 and 2 and Focus Groups 5 and 6. Accordingly material from all 4 is drawn on for what follows.

Knowledge of Safety in Partnership

As intended by the selection criteria for involvement in the focus groups, it was evident from the discussion that all the front-line staff taking part had an awareness of the SiP approach. However, the extent to which they were actively involved in implementing the approach was variable; with one or two of them having had no experience of it in practice. In addition to involvement in mapping, staff had used other SiP tools such as the 'Three Houses', the 'Fairy/Wizard', genograms and eco-maps. In all the focus groups participants were able to give examples from their practice; including reports of positive feedback about its use from both professional staff and families. There were 4 key themes running through the focus group discussions; 'quality of relationships', 'management of power'; 'gleaning and sharing of information' and 'purposeful focusing of work'. It was apparent that, whilst there were differences in experience, and of opinion about how the approach was being implemented, there was unanimous support for SiP as an approach to social work with children and families. Interestingly, it was reported that social work staff outside of the Trust without experience of the application of the approach found it hard to grasp.

As social workers, the frontline staff saw SiP as congruent with their professional knowledge, values and skills. They liked its attention to the detail of family circumstances, both the protective factors and the risks, its emphasis on clear information based communication between and amongst professionals and families, its promotion of collaborative working amongst professional staff and partnership working with families and the emphasis it placed on the child as the central focus of the work.

It makes it easier for families to understand concerns and also putting up the positive stuff which you wouldn't necessarily get in much detail in the UNOCINI documents...helps you

be focused on what the issues are and helps you identify what the next steps are and what we need to do to make things safe for that child...other professionals as well, it helps them have a clearer idea about what we are worried about and helps bring knowledge about the family...a health visitor or a mental health professional, helps bring their expertise and what they know about the family. Helps with decision making too. So everybody knows what the clear focus is"

Staff stressed that SiP complemented existing policies and procedures, in particular those relating to child protection, and did not replace them. Exactly how this 'fit' worked in different parts of the service was reported as becoming operationally clearer for the different aspects of the service structure (Gateway, FIS, LAC, Child Protection); for example how the information generated by a mapping could be used to fill out a UNOCINI framework and inform Safety Plans. However, some comments suggested that at this point SiP constituted an additional layer of work that staff had to find time for in already over-burdened case loads.

All the focus group participants were familiar with the core elements of the SiP approach; albeit to varying degrees. It was seen as a way of thinking about cases and a style of working which attended to process and quality of relationships as well as content. It was seen as needing to infuse all aspects of day-to-day practice and not just be linked to particular decision making events. It was also seen as much more than just the application of a set of tools and techniques; although 'mapping' was frequently referred to when staff wanted to focus on how SiP was implemented in practice.

There was recognition and endorsement of the underpinning 12 practice principles, with even those staff not explicitly naming the principles as such referring to many of them implicitly in the focus group discussions. The practice principles were seen as giving expression to the partnership philosophy guiding SiP. The participants also showed knowledge of the tools, such as the 'Three Houses', and the techniques, such as searching for detail, used in the approach and most had direct experience of their use.

Initial reservations about SiP amongst both social workers and other professionals were noted in the discussions, particularly in regard to lowering thresholds and being unrealistic about families' capacity for change. There was discussion of whether SiP was an approach to decision making or a child protection and wellbeing intervention. The importance of time and experience in building confidence and competence in the use of the approach was stressed. The importance of training to date in the approach and of the planned future 'roll out', with SiP training as a central plank, was also stressed. There was a sense that, to date, training had been delivered on a fairly ad-hoc basis with the emphasis on middle management facilitators. At the same time it was noted that the understanding and expertise involved in SiP primarily required renewal and reframing of staff's existing social work values, knowledge and skills.

Working in Partnership with Parents/Carers

Staff stressed that SiP was about building constructive relationships with parents (other carers including foster parents were mentioned but in general were not the focus) based on identifying and addressing concerns over the safety and wellbeing of their children. The approach encouraged and facilitated working in partnership with parents, and in some cases other extended family members. The social workers reported this to be facilitated by the way SiP provided them with the means to elicit detailed information, develop realistic goals and 'next steps' which reflected identified worries along with strengths. It promoted a detailed information driven approach to describing and assessing both risk and protective factors to ensure the safety and promote the wellbeing of children and young people about whom there were 'worries'. It was noted that these concerns were reported as covering a varied range of issues including serious risk of significant harm. Gathering and using detailed information was repeatedly emphasised as central to the SiP approach. The use of mapping was cited as the exemplar of the approach but not the only form it took. Genograms and eco-maps were also mentioned as having been used to elicit detailed information. SiP was seen as helping staff engage parents in a process which was fair, frank, honest and transparent:

"It's like going back to basics and you are being respectful to the family and you are explaining things very clearly to the family from the outset...this is a tool. It is not going to make any difference to the decision that might be reached at the end but makes it much clearer to the family about why, why we are involved and why we are going to remain involved. So they feel that they have been listened to. Their points of view have been taken on board"

Staff appreciated the opportunity provided by mapping to clearly state Social Services' concerns to parents with a clarity and openness that allowed them to be understood, accepted as requiring attention or to be challenged and re-scaled if warranted. Direct and focused questioning provided the means to gather evidence to explore and explain decisions using language that was understood by both staff and parents. The process was regarded as overall being less intimidating for parents, though at times it could be very stressful. Care, particularly by facilitators, had to be taken in managing the emotional as well as the task aspects of mapping. That could include agreeing who should and should not be included in meetings; for example where parents were estranged and in particular where there was a history of domestic violence:

I think the hardest issue is when it is domestic violence. It is so hard to map. It is really hard to put safety around it and it's really hard for other professionals and even sometimes for social workers to say what they are worried about. It is so sensitive and because it is so high risk ...you'll nearly get the complete denial or you'll get the women, yes there is domestic violence but I can't leave...there is a lot of secrecy around it...that is where you struggle to find family support and friends because people don't like other people to know what they experience. It is so hard to map domestic violence"

The opportunity for parents to share their own views and worries, plus challenge the opinions of staff, was seen to go some way towards redressing the adversarial dynamic in the power imbalance between parents and social workers with their statutory powers. Respect and encouragement of information sharing and expression of opinions by parents was regarded as crucial to engagement and involvement. This was seen as, not avoiding, but clarifying and directly addressing difficult issues.

Social workers explained that preparatory work with families was important prior to more formal meetings, such as mappings, and that helped parents understand both the purpose of the meetings and their role in the process. Social workers said they no longer approach meetings with pre-determined decisions to be 'defended', but rather with clearer views of what they were concerned about, 'worries', and what was required of parenting practices, 'bottom lines'. 'Scaling' of concern, a SiP technique, was regarded as very helpful in promoting clarification of the extent of a problem, the balance of risks and protective factors, both amongst professionals and with parents themselves. Both in individual work and meetings, SiP was seen to promote a clear focus plus an openness to teasing out realistic, detailed and practical possibilities within the family situation for achieving change or at least managing risk.

Both in individual exchanges and in formal meetings such as mappings, parents were given the opportunity to reflect on their circumstances in a relatively non-adversarial manner and make choices about how best to effect change; without ducking the fact that changes had to be made. SiP as a means of embedding assessment and planning in the reality of particular family circumstances was seen to drive change and facilitate progress in alleviating concerns. It was even said that SiP could re-focus and re-engage parents and workers in long standing cases where situations appeared 'to be stuck'.

Being listened to and contributing to both defining the problem and designing a solution to it was seen as encouraging 'buy in', understanding and trust from parents, which ultimately assisted in the implementation of agreed plans. These were often quite simple and mobilised informal social care resources, for example in the extended family, as well as formal services.

"People think they don't have support, some people genuinely don't, but other people, and the families come and say 'I knew it was bad but I didn't know it was that bad. Of course I can take that child to the school. Sure I'm taking my own two children. Why didn't she just ask me'...the same as Family Group Conferencing when you get everyone together they didn't realise how bad things were and will put themselves forward"

The importance of ensuring shared understanding through the use of visual tools and accessible language was reported to be key for parents to engage and feel included in the process. Mention was also made in passing of the similar effect when used with foster carers. Achieving that shared understanding was enabled not just through mapping but also sharing the results of direct work undertaken with children and young people using SiP

techniques such as 'The Fairy/ Wizard' and 'The Three Houses' tools. Seeing this material could bring the child or young person's concerns into the discussion in a way that had a much greater effect on parents than if presented solely as part of Social Services' concerns. Shared understanding involved being clear about the information being shared, the recording of decisions made, agreements and disagreements, goals set and the progress made or not made in achieving the goals. Motivation and confidence in agreed actions, including the implementation of safety plans, by all those involved were seen to be important to achieving the goals set. Tracking progress was seen to be important and concern was expressed that there was insufficient follow through and review using the SiP approach.

Collaborating with Other Professionals

Social work staff were very clear about the benefits of SiP for inter-professional collaboration. They were able to give examples of positive feedback in regard to particular cases. It was notable that their reflections on this were similar to what they had said about SiP promoting partnership with parents. This seemed to be because building constructive relationships with professionals using the SiP approach relied on similar methods and benefited from a similar dynamic of clarification, openness and inclusion as with parents. The key themes around relationships, power, information and focus also resonated through the focus group discussion of inter-professional working.

The SiP approach was valued by staff for encouraging a level of involvement and engagement from professionals in which people felt listened to, with different perspectives being valued. Improving the quality of relationships was at the core of this. SiP was seen as reinforcing the message that liaison between professionals was not just about sharing information but sharing responsibility. Whilst Social Services' lead role was reinforced by the promotion of SiP, this encouraged appropriate engagement by other professions and organisations with positive working relationships resulting. This collaboration was seen to sit well within the current framework of policy and procedures.

Sharing information through the SiP approach not only made explicit the worries that professionals had, but also what they knew about the strengths within a family's circumstances thus allowing them to contribute to finding solutions to improve child safety and wellbeing. That solution focus, sitting alongside very detailed accounting of the up-to-date circumstances within a family, was reported as allowing for a much clearer and better informed shared description and understanding of what needed to change and how that might realistically be achieved. The way in which SiP encourages information to be presented in a very visual manner, in clear and explicit terms, reduced reliance on professional 'jargon' and placed an emphasis on evidence and currency of information. The 'scaling' of concerns used in the mapping process helped with clarifying both the extent of perceived risks and professional expectations about the management of risk. Scaling was emphasised as being a particularly effective technique for sharing and exploring differences in perspective and levels of concern. At the same time it was also noted that there was still

some reluctance amongst other professionals to share concerns ‘on the record’ and in front of parents. Where there were differences of opinion identified, these could be usefully challenged in a way that increased the understanding of everyone involved; both service users and professionals:

“What we do at the beginning of mapping, and then again at the end of mapping, is that we scale on a one to ten how worried are we and it is interesting that, you talk about professionals, certainly it can shift their positions, either reducing the worries or increasing them”

This type of clarification, through challenging at a detailed level the concerns being expressed, led to increased confidence that a solution to a family’s problems could be found in the interests of the child or young person. This reduced the anxiety of professionals but did not take away from addressing the causes of worry. Staff felt the more explicit description of difficulties, but also assets, helped not only to plan and delegate responsibilities appropriately, including putting together safety plans, but also identified progress, or lack of it, over time.

Engaging with Children and Young People

The promotion of direct communication with children and young people through the use of the visual tools and accessible language was viewed very positively by front-line staff. SiP was seen as validating efforts to effectively capture the voice of the child. Achieving openness in the communication between social workers and children and young people was encouraged by the use of techniques such as ‘The Fairy/Wizard’ and ‘The Three Houses’ associated with the approach. The accessibility for children and young people of these tools, and others like them (the Desert Island was another mentioned), were seen as aspects of the approach which greatly assisted in ensuring children and young people were directly involved. The flexibility of the tools, and the way they could be modified to meet the age and particular circumstances of children, were also noted as strengths. New forms of information technology were specifically mentioned as important for working with adolescents. In relation to that group, it was also suggested that other specific tools exist which could usefully be added to the ‘toolkit’ of resources identified by the SiP approach for exploring wishes and feelings. It was seen as important that, whatever the tool or techniques used, the focus of direct work with children was on the three basic questions: ‘what are your worries?’, ‘what are the good things in your life?’, and ‘what are your hopes for the future?’

The approach was seen to encourage trust and openness between workers and children and young people. That enabled a clear focus to develop in relation to children’s worries, allowed them to identify strengths, and let a picture emerge of possible solutions to the difficulties they were experiencing based on understanding the details of their everyday lives. The search for detail encouraged by SiP was seen as key in this process to actively involve children and young people in ensuring their own safety and promoting their own

wellbeing. It encouraged the gathering of clear evidence in partnership with the child as an active participant. That evidence, and the involvement of the child or young person, then guided decisions when planning ahead, whether through clarification of relatively simple next steps or in drawing up a safety plan. In this way SiP was seen as a means to ensure that children and young people were both informed and understood the situation in their family and why Social Services were involved:

“The big thing is, going back to the visual tools, is doing that, the Three Houses work and the Wizard and Fairy. They can see that...you can say, look this is what your son is saying, this is what your daughter is saying...This isn’t my UNOCINI saying I’m worried about Joey being exposed to domestic violence. He is sitting writing what would your dream be - that mummy and daddy didn’t fight and you know what, without being kinda cheesy about it, it is powerful stuff...This is not the social worker, this is their own children saying what the good stuff and the bad stuff is”

Although front-line participants in the focus group identified the emphasis SiP places on being child centred as one of its strengths, the extent to which this aspect of the approach was presented in discussion as its distinguishing feature was more limited than expected. That said, the importance of doing individual work with children and young people was fully endorsed by participants and SiP was seen to encourage this. The use of the specific techniques mentioned above were seen to encourage child engagement and allow for more focused and child centred communication through using words that were understandable to all, being visual and activity based. Using the techniques allowed children to identify their worries but also celebrate their strengths and the sources of safety within their own circumstances. Given this, it was interesting to note that children almost completely, and young people to a large extent, were not directly involved in central SiP events such as mapping. As recounted by staff, SiP seemed to be more about ensuring child centred rather than participatory practice.

The technique of ‘scaling’ concerns based on what the children and young people shared was regarded as a useful means by which to clarify the degree and extent of risk. In this way the evidence driving cases was influenced by the child’s voice. It was noted how powerful a prompt to parents motivation to change it was for them to be confronted with the impact of their behaviour on their children as seen through their children’s eyes.

Developing a Questioning Approach to Practice

The questioning approach to practice encouraged by SiP was welcomed by practitioners as a means to encourage engagement by both professionals and families in the process. Attention to detail, and use of straightforward language, were seen to not only provide stronger and more reliable, up-to-date, balanced and realistic evidence on which to plan but did so in an inclusive manner. Being involved in the process of sharing concerns and information, working to ensure clarity about issues and accuracy of key facts, was seen to increase the shared understanding of all involved. It allowed information, opinion and

understandings to be challenged and clarified in a helpful way. Having a range of voices heard added to the information and enriched the understanding of family circumstances and how to find solutions to problems in the interests of child safety and wellbeing. It encouraged not only sharing information, but responsibility for finding solutions to problems identified:

"I'm not just saying this, but there has never been a family that has said they prefer the traditional way where we all sit around the table. They all say they much prefer the approach where we use Safety in Partnership. And when I ask why, they like the way it is written up and they get their chance to say what they think and they understand what the issues are. They don't feel so judged, I think, because we are able...as we are going back and forth around the board teasing out the strengths not just focusing on the risks the whole time. And they are able to try and come up some solutions themselves"

The practice principles associated with SiP were seen to underpin this questioning approach to practice. They provided an ethical basis for the approach which warns against pre-determined decisions without sufficient evidence and reflection on that evidence. The mapping framework provided a workable guide to what areas to focus on; Danger/Harm, Strengths/Protective factors, Complicating factors, Grey areas, Safety, Scaling, Risk statements and Next steps. Exploring these various areas and building up the necessary understanding of a family's circumstances, including professionals' reasons for concern, laid the basis for a solution focused process of change to be planned and managed. That approach could include producing risk statements and drawing up formal safety plans and complemented existing policies and procedures. It was noted that how the SiP approach was used and where it was used within the Trust's child welfare system; Gateway, LAC or FIS, tended to give it a specific form. This was seen as primarily a positive feature as it showed the flexibility and adaptability of the approach, but it also meant it was hard to be definitive about its core features.

The participants were keen to stress that the questioning skills were not only applied during the mapping process but were important to all aspects of implementing SiP. Through questioning, worries are clearly identified, understanding is developed with the recognition of grey areas, complicating factors and next steps and the use of scaling. The approach incorporates questioning to determine the agreed focus of a group or one-to-one meeting to search for clarity or detail, to ensure understanding through the use of straightforward and accessible language, and lastly to allow realistic decisions and planning, including producing risk statements and safety plans. It was seen as ensuring that these were based on up-to-date evidence rather than assumption or past circumstances. These combined elements were viewed as encouraging case progress and creating circumstances to allow for change. Staff also reported positive responses to the approach from service users and other professionals. They also found it helpful for reflecting on their work and in supervision. This questioning approach, as promoted by SiP, is a skill which requires confidence and competence which can only really be developed through use. Due to the adaptable nature of the approach this can be done in a variety of contexts all with their own particular requirements. It was seen to require training and supervision. The training provided was

well received but more routine use of the approach in supervision was needed in order to ensure effective delegation of the work rather than dependence on a limited number of very skilled staff.

Developing a Skilled Workforce and Learning from Practice

It was clear from the focus groups that workers saw the implementation of SiP as part of wider issues around developing their professional practice as child and family workers in the Trust. The approach seems to have a relatively positive reception from workers, with positive feedback in relation to same. This clearly included ensuring their practice was within the existing framework provided by legislation along with regional policies and procedures. Equally, however, it meant developing their professional competence in managing the challenging process of ensuring safeguarding and promoting family support. In that context the practice principles promoted by SiP seemed particularly appealing to them. There was general agreement amongst the front-line workers that SiP required a skilled professional implementing it, with the practice principles providing an ethical/value system to guide use. It was seen as very much in line with social work's professional skills and values. Some saw it as 'back to basics'.

The identification of many aspects of the approach as embodying good social work practice that should guide decision making in cases was a recurring theme among the groups. It was reiterated that the skills developed in relation to the SiP approach were not isolated to the use of the mapping framework in meetings, but in preparation, engaging with individuals, searching for clarity, steering clear of pre-determined views about a case and keeping a clear focus on progress to bring about positive and meaningful change for children and families. The use of questioning skills, assessment of risk, and gathering of evidence were seen as important aspects encouraged by the approach whether in the formal mapping of cases or the focus of individual work. It encouraged the development of safety plans that were clear, well evidenced and expressed an analytical understanding of family and individual circumstances.

It was noted that achieving the SiP approach took time, both for full preparation and for analysis and reflection. The management of the logistics involved in setting up mappings was stressed. However, having invested the time, other aspects of the work were reported to actually be quicker to do. The approach was seen as adaptable across the service; Gateway, Family Support, Looked After Children and Child Protection. The search for clarity and evidence helped to understand situations, to make decisions and to complete documentation whatever the context. It was reported that that the approach was being incorporated into supervision.

Although the focus group discussions gave a clear indication of the adoption of the approach by the workforce, the roll-out of the approach seemed uneven. Some appear to be further forward in the incorporation of the approach into everyday practice than others. The degree of confidence and competence that workers displayed in the focus group discussions

reflected their individual commitment and confidence. That in turn reflected what training and hands-on experience they had had. It was suggested that some workers longer in post were sceptical about the approach and had to experience its effectiveness before committing to it. As noted above, however, some regarded it as a return to their professional roots. Experience of the skilled working of mapping by the trained facilitators was given special mention for enthusing people about the efficacy of the approach.

Early career workers were amenable to taking on the approach as it was just presented as 'this is how we work'. Skilled line management supervision and someone championing the approach in their local office were also noted as important to it being practiced. In keeping with the collaborative ethos of the approach, mention was made of peer support and the collaborative working and learning relationships with other professionals:

"We would use the approach in our team meetings as well as for peer supervision of cases where we maybe are stuck or not sure where to go...in supervision we would maybe take the three columns, we would take some element of it to try and move it along or try and take it in a different direction"

The information in relation to this element brought with it a note that SiP was still in the roll-out phase within the WHSCT. However, although reporting initial negative responses to the burdens which a new approach may bring, there was apparent commitment to the use of SiP with reports given that it complements existing policies and procedures, and allows quicker completion of required documentation as it ensured they had the required detail and evidence for this. Positive feedback from families and other professionals also provided strong motivation to adopt it.

Adherence to Policies and Procedures

Simply put, the participants suggested there was no loss of focus on child safety with the introduction of the SiP approach. The groups suggested that SiP placed the emphasis on safety, with the search for detail and clear evidence to inform decision-making and safety plans helping to ensure that plans made to keep children safe were based on identified strengths, were understood by all involved and were practical, realistic and achievable:

"The message to us when the whole thing was introduced was that child protection plans were basically just lists of services and that's not what keeps children safe. What keeps them safe is the relationship we have with parents and the shared plan that comes out of that...yes that was the case and this has made a huge difference. I think it puts a bit of responsibility back on the parents as forming a part of their own intervention to keep their own children safe so that control is given to them so that they have the power to effect change in their own situation with the support of the other professionals"

Operational Staff: Professionals from Other Agencies/Disciplines

43

For the purposes of this evaluation operational staff: professionals from other agencies/disciplines were represented by the feedback and opinions shared in the following 4 focus groups:

- Focus Group 4: Representatives from voluntary organisations (N=8)
- Focus Group 9: Healthcare professionals (N=12)
- Focus Group 10: Education professionals (N=6)
- Focus Group 11: Criminal Justice professionals (N=7)

The sample, therefore, comprised of 33 participants. The information described below was provided by these participants across all 4 focus groups.

Knowledge of Safety in Partnership

The groups varied in their knowledge and experience of the SiP approach. The representatives of voluntary organisations had a good understanding of SiP and this was linked to their participation in the weekly RED (Review, Evaluate and Direct) meetings within the Gateway service. As noted in the Phase One report, these are another element taken from Olmstead County, Minnesota (see Lohrbach and Sawyer, 2005) and are attended by Social Services and other key stakeholders, such as the family support hub coordinators and representatives from other statutory and community and voluntary organisations. At the meetings cases on the borderline between Levels 2 and 3 of the Hardiker model (Hardiker et al., 1991) are mapped by the social work manager in order to evaluate if statutory intervention is necessary or if the child and family's needs can be met at Level 2 of the Hardiker model, i.e. managed within the community. They had a strong working knowledge of the use of the mapping framework and gave examples from practice to illustrate their experience of the use of SiP and its benefits.

All of the healthcare professionals, except one, had an awareness of SiP and were most familiar with the mapping framework and the development of safety plans. They reported that they understood SiP to be 'safety mapping' and that, for them, the terms were interchangeable. They were clear that the approach was focused on child safety and wellbeing and gave examples from their experience that helped to illustrate their understanding of SiP and its use in practice within different meetings and in relation to various issues or concerns. The education professionals all, apart from one, had practical experience of the mapping framework and offered some examples from practice to illustrate key points of importance to them. Again, they were clear that the aim of SiP is to help ensure the safety and wellbeing of children and young people. Experience of SiP within the criminal justice professionals varied and they gave fewer examples from practice. There were reports of familiarity with the mapping framework although not all in the group had experienced mappings with family members in attendance.

All of the groups had awareness, to varying degrees, of the tools used in direct work with children and young people. The education professionals, for example, stated that they had heard of the 'Three Houses' tool and the education professionals said they knew these were used by social workers but, although associated information was reported at meetings, the work was not necessarily seen by them.

Working in Partnership with Parents/ Carers

The professionals from other agencies and disciplines reported that SiP helps in building constructive relationships with parents/carers through encouraging their involvement in a process which is less threatening and aims to ensure that their voice is heard. They felt that it fosters partnership with parents/carers, with professionals working with families to create safety for children through the formulation of practical safety plans. They stated that use of the approach leads to the formation of better relationships as it engages families in the process, with services listening to families' own worries, concerns and strengths and safety, as well as those highlighted by professionals. It was argued that SiP not only helped the parents be part of the process, but also enabled the identification and inclusion of extended/wider family networks or related informal supports, who could assist in the exploration of options to create safety for the children and young people involved. They feel the approach allows for the development of individual/tailored plans for families that reflect family circumstances and context more fully:

"... a key point is empowering families as well and keeping them involved in the process; identifying strengths and building on strengths so it's not that families are being told what to do, but they're very much involved in the whole process"

"It's tailored for each family as well. There may be umpteen families in the area presenting with the same issues but the core strengths within each family will be different and the supports within each family will be different. So the resolution and the supports that are on offer will be tailored to each family"

The mapping framework was reported to allow for the identification of risks, strengths, complicating factors, grey areas and an understanding of family supports to emerge clearly. This process can be enlightening for families providing realisation around impact on the child and bringing clarity around the risks/concerns and the need for change to address these appropriately. The visual nature of the mapping process also assists in understanding and allows concerns to be clearly illustrated although participants did report that this can be difficult and emotional for families:

"I suppose in some of them that I've been at it got quite emotional for the parents when they have seen it all written up and recognise the concerns that other professionals had, even though they probably didn't see it before...or didn't think it was as serious before, they did get quite emotional about it, and were more willing to do something about it...in

a helpful way...they were more accepting of other services, were willing to engage...they were willing to do more afterwards"

Professionals reported that the mapping framework is useful in examining progress and change for families, with the visual presentation of information making this more accessible for families. The use of accessible language, fostered within the SiP approach, is helpful in assisting parents' understanding of professional concerns and the use of their own words to record their concerns, issues or contributions allows for their inclusion and involvement, which in turn is essential for buy-in or ownership in the process and subsequent plans. As such, the attendance of parents/carers at the mapping is necessary to ensure they are an active player in the process:

"It gives them (families) ownership of the issues...they're able to contribute and they're able to identify the same issues...but because the process is allowing them to be very much involved in it, it shifts peoples responsibility"

"Some of them have went ahead without families being there and I don't feel that has been as useful, as ones that family have attended and been part of..."

Ultimately the approach assists in clearly identifying risks or needs for the family and in recognising family strengths and resources to assist in addressing these. The approach brings a focus or clarity, which ensures the process is fairer and more transparent for families and aims to foster a common understanding:

"It also allows the family to understand why you're concerned and what those concerns actually are so they know what they need to do"

Collaborating with Other Professionals

Professionals reported that the use of SiP acts to ensure that all involved in the mapping are aware of the situation and that the inclusion of contributions from all in attendance is helpful. The SiP approach enables professionals to identify safety provisions/mechanisms which help to create safety and encourage progress. Increased engagement and involvement from all allows for a team perspective on issues, clarity of roles, better understanding and a lack of 'professional agendas' and this, ultimately, allows for improved inter-agency relationships. The development of constructive working relationships amongst professionals was noted to be essential for better information exchange, evidenced decision making, more productive work with families, and access to more targeted or specialist skills for family support:

"Sometimes you just need more expertise and the strengths of the team, so it's nice to look at it through a team and get a new perspective on it"

“What Safety in Partnership does is it helps to clarify or evidence the reasons why decisions were taken; whether or not something goes down a family support or a safeguarding route and I suppose, coming historically from a situation where that wasn’t there before, I think it brings clarity and evidence...why decisions were made”

The approach allows the professional to feel supported, as part of a multi-disciplinary team, helping to build professional relationships. Although the process encourages openness and nothing is hidden from parents/carers and allows for better communication and sharing of information, there is still frustration directed at some professionals who continue to share information outside of meetings in which the mapping framework is used rather than addressing this within the forum, with the family and all professionals present. The approach was noted to have a child safety focus, with some describing it as being child protection driven, and this was felt to foster an enhanced sense of shared responsibility for child safety and wellbeing:

“I have sat at some mappings and I’ve been frustrated that the concerns that the [professional], has shared with me outside of the mapping has sat through the mapping...and I’m waiting for her to share those concerns in the mapping...and it doesn’t happen”

“The old adage that they had years ago that child protection was everybody’s business didn’t get beyond the doors of the Social Services building. I think this process [mapping], and this wider process [SiP] that we’re talking about, is slowly working towards that agenda”

The visual aspect of the mapping is helpful for professionals to clarify details and chart progress or change in a case. Participants emphasised the importance of professionals attending mappings to ensure input from all involved with the case. The identification and acknowledgement of family strengths is a helpful starting point, which also enables the identification and discussion of more difficult aspects for families such as risks/concerns as the mapping progresses. The mapping allows for, not only the identification of risks/concerns, but also clarity around these and their impact. The focus offered by the process was also reported to be helpful as the emphasis is on addressing the risks/concerns rather than expressing differing perspectives dictated by professional role only:

“It’s a structured way to make sure that you’re focussed on the needs of children, that you’re clear about strengths, clear about grey areas; we’re clear about where the risks are...”

“It forces us to be very specific. In case conferences and social work business we can write really lengthy reports without being really clear about it sometimes...This framework for looking at a case helps clarify, for the individual worker, for the family and it does invite everybody who’s involved so it’s a holistic look at what’s going on”

“Often for the professionals when we have differing opinions...often our health focus is very different from what the social worker’s coming in with and that’s where it [mapping] can work very well in looking at the real risks”

There is more confidence in decisions and choices made when the initial mapping is supported through review and monitoring over time. The communication appears to continue on beyond the mapping with other professionals alerting social workers if plans are not being adhered to. Interestingly, in light of this communication and development of working relationships, there also seems to be an emergence of a common language among all professionals with terms such as ‘mapping’, ‘safety plans’, ‘strengths’, ‘worries’, ‘wrapping safety around the risk’, and ‘scaling’ to the fore in discussions. Some participants referred to a type of ‘mental mapping’ which they tend to do more automatically now even in interactions with families to enable better understanding of their current situation. However, this was indicated only by those professionals who regularly attend or experience mappings:

“I think it has given us a language, a common language, is one side of it. The other side of it is it’s forcing us with families to take out the jargon”

“We have it in our heads, so if there is a family you can nearly map it yourself...and sort of see where best can we put this family or what agency can we use to help this family”

Engaging with Children and Young People

As stated above, participants stated that SiP helps maintain a focus on child safety with the development of plans to help keep children safe and, indeed, to help them keep themselves safe. They noted, however, that plans made which place a level of responsibility on the child for their own safety should be age and stage appropriate. SiP was also noted to be less threatening for children and allows them a voice in the process. The detailed plans arising from the use of SiP lead to greater confidence around reduction of risk:

“...a number of years ago [in residential care], I would have experienced a lot of children who were present at their meetings but didn’t have an opportunity to say anything, they were talked at, not talked to, they didn’t have a chance to participate and they are the expert in their own lives, they are the ones who know where they feel safe. So I think they also know what the risks are and, if they’re given a voice...I think that’s more likely to increase the safety around them”

“The RED meetings are very explicit...I don’t ever remember sitting at a meeting here where there were children in the family without consideration being given to the voice of the child or the impact the circumstances may have on the child. That I see as a very positive development”

Examples from practice highlighted the development of safety plans for children and families and also around instances in which children use identified safety objects with other professionals to indicate that the child was concerned and appropriate action was required by the professional:

“The actual practical tools, where a teacher is part of the safety plan, so if a child for example has a concern arising from something that happened the night before, they’ll bring something and set it on the teacher’s desk...and in this [school] this is what was actually happening, the pupil would come up and set the [safety object] and the teacher knew she had to have a word with this pupil, something had obviously concerned them”

Although the approach is child focused, it is one that targets change among the adults involved in order to lead to improvements for the children and, in that sense, can be described as an adult approach. It was also felt that it is not necessarily child participatory (from the perspective of meetings etc.). Sharing of information around outcomes of direct work with children was reported although evidence of this completed work is often not seen by professionals, in either meetings or mappings where it is reported:

“...I mean, I felt it was probably more for parents; there was a lot of issues that the children either didn’t know about that were in the family...they certainly weren’t something the children needed to be part of”

“Getting them (adults) to change and that improves the outcome for children”

“Maybe I’ve seen the artwork being brought in where it’s part of a case planning or something like that, the less formal decision making forum”

There was little knowledge of the ‘Fairy/Wizard’ tool but there was awareness of the ‘Three Houses’ tool through hearing its outcomes reflected in meetings in which the mapping framework was used. The consensus was that it allows the child’s thoughts, feelings and wishes to be represented and included in the meeting. Participants were clear, however, that direct work with children should be carried out by a skilled individual:

“You could have a social worker bring into the arena, this is what come up when we did the three houses with the child, and when we were doing the genogram this is who the young person, the child wanted; for example, last week, there was this person...was really important to the child...she saw this person, a neighbour as part of her family tree”

“I’ve seen it and where you do have the kids voices and messages in from them it’s very powerful, particularly when the parents are in the room”

“I think the danger with models coming out is, right go out there and fill out those things, get those three columns filled out and we’ll be grand. I think it’s that understanding that you can only do that if you’re a really skilled person...”

The use of genograms by Social Services to reflect the important people in the child's life was viewed as being helpful for professional understanding and planning:

"I've been involved in a couple and I've seen it working really well where there was a lot of work done with the kids first and that was the beginning of the process. So under the genogram we had photographs of the kids...feelings of the oldest child, middle child and some of them were disabled children as well. So if the work's done it's a powerful tool"

"It's more important as family structures become more complex...unless we saw it visually it would be very hard to keep tabs on it"

Younger children were reported not to have attended meetings, however, there is inclusion of older young people in some of the mappings. Where this has occurred, adjustments have been made such as the language used by the facilitator being age appropriate, the grouping being smaller and the young person has been given the opportunity to engage in the process. The inclusion of young people in mappings was reported to have been helpful and these meetings were seen as productive:

"...There wasn't the same big group, the group participants seemed to be more compact and one child was really very quiet until the very end and then did open up; the other was very oppositional...but in her own way she did get her voice into that arena and was very clear about what she wanted...it was a good point to start to work from"

"I attended, probably one of the better ones I've been at and it was a LAC child, siblings actually, and they were both there, and I found it really very productive that they were there and they were hearing it...they were teenagers that probably were 14, 15, and issues would have come out...parents would have been responding and they were old enough to say 'you're lying, you are still drinking'...so from that point of view I found it actually quite encouraging that they were there and they had a voice and it was put up and their opinions were taken seriously"

This, however, may not be suitable for all older young people due to the nature of the issues to be discussed and the emotion involved around sensitive topics:

"...it was a teenage girl, her mammy and her granny were there and it became very upsetting for the girl and she cried and she left and mammy had to go and sort her and granny had to go and sort mammy; and it was a bit chaotic"

The lack of experience of children attending mappings may also be due to the child's age, the fact that information to be shared and discussed may not be age appropriate and, in reality, some participants felt that there are some things that children should not know. It was felt that consideration for including young people in meetings should be dependent on their capacity and also that thought should be given to the duration of meetings. Participants noted, however, that the process is adapting to consider the appropriateness of including young people in meetings where the mapping framework is used:

“There are certain things; even for child protection reasons, I just think it’s not appropriate to expose the children to all that worry or that level of stress”

“It depends on the young person...it depends where they’re at...There’s young people I can sit down and I can talk to, there’s other young people I have to do artwork with as a medium”

“Holding young people...you couldn’t hold them for an hour, 30 minutes, 20 minutes...it’s being mindful who you’re working with, having the appropriate assessments...”

“In one case they (children) were there for the first while, first 10/15 minutes of it and then they left, that was because they felt that the other issues that had to be discussed maybe weren’t appropriate for the children to be there; but they were involved in part of it...they were teenagers, 14 and 12/13”

Developing a Questioning Approach to Practice

SiP was reported to help in the clarification of risks and concerns, the highlighting of issues, and the identification of practical plans to help address these. The questioning approach was seen as being tied to the solution focused aspect of the approach, with skilled questioning offering greater insights into the family situation and the child’s environment. The systemic nature of the approach was noted to aid understanding and planning with risk statements being clear and unambiguous, emphasising the impact of events on children and young people:

“There are questions that we always return to, like whether or not this is a safeguarding issue, whether it isn’t, this is about the issues with threshold. The other questions it helps answer is what practical help or support is there for families and how can we best help them engage that”

“Looking at the systems within a young person’s life, so you’re working from a systemic approach, you have the young person at the core of it, you’re looking at the systems within [their] life and you’re looking at the partnerships and who you can work with in order to reduce risks for the young people and who’s best placed at that particular time to manage that risk and deal with that risk”

“When we’re putting up what we’re worried about we do keep that child focused, we are worried that when daddy is drunk he will hit mammy and then wee [child] will get hurt”

The opinion was expressed that the approach allows more information to be ‘picked up’ than traditional processes did, and that this was due to the development of better relationships, communication and information sharing. The questioning of professionals and family in relation to scaling particular aspects or overall risk gives professionals a better understanding of the position of others, which can help shift thinking:

“The rating of risk from 0-10, and I have seen that actually, on one particular occasion, being used to great effect. It was a lady who her partner had, this was the second time he’d been violent, although there was a good space between, but he’d actually beat her with a [weapon] and we were asked to all give the risk of him doing it again, and she had the risk at 2 and the rest of us were up at 9...her jaw was on the floor...it opened her eyes, it really made her stop and think...it helped her at that point...it also opened my eyes because I was shocked that she thought that she wasn’t really [at risk] even though he had hit her with a [weapon], it was going to be ok... I thought on that occasion for that lady...that really helped her”

Professionals stated that the mapping framework provides a structure within which questioning is guided. This structured approach allows for a shift in focus towards risk and need; demands sharing of experience, information and responsibility and enables reasonable, evidence based, informed decisions around issues such as threshold, targeting of resources and the development of plans for implementation with families:

“It ensures, for example, that you know the strengths of families, the views of families. As we work through that template, I think that structured approach makes sure those good practices are written into the fabric of how to conduct the business”

“It’s looking at risks, it’s looking at strengths, it’s looking at what the grey areas could be, the complicating factors and it’s also a process that starts out from the very beginning about us saying to the family what are we worried about, about trying to get the concerns that professionals have, and maybe family or extended family have, and about getting them out into the open so we start to look at how we manage those risks or concerns”

Even within this structure, however, the skills of the mapping facilitator need to be well honed, with better facilitation linked to more effective plans and, ultimately, more positive outcomes for families. The fact checking aspect was reported to be important in the process in order to ensure understanding of the situation. This is a key aspect of effective communication as it encourages a two-way process:

“The skill of the person who is leading [facilitating] the process, I think that’s critical to the success of the plan and the buy in from the family that you get”

“Being able to draw the information out of other professionals in a way that the client can understand”

“The skills round the...open questions, the ability to reflect messages back, to check if they got that right. It’s also a skill to be able to write and listen at the same time sometimes, because by the nature of the process the person facilitating it has their back to the participants a lot of the time so I think the interpersonal skills is actually very important”

Developing a Skilled Workforce and Learning from Practice

The professionals from other agencies/disciplines viewed SiP as enabling better connections to develop between Social Services and external agencies through improved communication, understanding and shared experience. The structured nature of SiP, particularly the mapping framework, was viewed as facilitating the development of good practice and the construction of a more balanced, informed picture of the everyday lives of children and families:

“The relationship between the voluntary sector and Gateway...has matured as well through this process”

“I’ve been out on a number of joint visits with social workers...I’ve been very impressed from what I’ve seen from the social workers here...they’ve really gone out of their way to engage people, they’re polite and understanding, they will reach for those sorts of strengths”

“People who have been working with families for some time have always reached out for the strengths, have always been sensitive to the risks, have sought to engage people, have sought to listen to what it is the children say. I think what this is doing is it’s formalising, placing a structure on good practice”

The professionals also reported learning from experience to guide better/best practice. They, through the use of the approach, had learned from the work and shared experiences of others. They also noted that social workers are themselves learning about the use of SiP from practice experience and that there has been a learning curve for social workers also around this approach:

“I think we all learn from each other as well...what you might be approaching with one family might not be suitable for another...you learn as you go along”

“It’s a good gathering of minds...communicating and sharing each other’s experiences to support the families out there that we’re working with”

The mapping facilitator is key in the SiP process, with good interpersonal skills required to help manage emotions and maintain communication, in order to impact on or effect better outcomes for families, through better questioning to elicit information, creating better engagement and allowing for more effective planning. The importance of a skilled and competent facilitator was a strongly recurring theme amongst the professionals from other agencies and disciplines. They did not, however, feel that there is consistency across the WHSCT in the use of SiP by facilitators or in the cases in which it is used:

“How they ask the questions, how they continue to probe the person for more information, you know where some might be happy enough to... it’s just written on the board and there’s no probing of what do you mean by that...it’s down to the facilitator”

“Most of them I’ve been at have been all with different facilitators, I’ve seen them done all very differently, although the same structure is used. I have seen there’s some that have been better than others”

Some issues were reported still to exist around the use of SiP in domestic violence cases, with worker perception and a lack of understanding of the impact of events on the victim of violence a concern. Complexities around these cases, however, are better understood now:

“I was at one recently, they were both in the room together and then they had to ask one to leave because it was just wasn’t working but they had tried to do it with the two of them together”

“I think the cases where there’s domestic violence are harder because in that particular case the mummy said I don’t want him to know about these things that I’m telling you...I don’t want that to go on the board...they said we’ll not note that...we can’t send that out...that particular version out to him... the confidentiality was agreed with her because obviously he was a perpetrator”

The use of SiP and effective questioning was reported to have led professionals from other agencies and disciplines to reflect upon their own practice and to have assisted in changing professional practice and thinking. Better team work between professionals was reported as was the development of a common language around safety. It was felt that there may be merit in extending/adapting the SiP model for use in assessment and decision-making in other services:

“It would make you think, maybe I’m wrong...maybe there’s something I’m missing here, so...it helps you to reflect on your position”

“For me, when I would be doing an assessment for our service, that would be something I would target at home with the family...who do you have to support you...so it’s something that has changed my thinking, from using that approach”

“You could adapt it...Particularly maybe the solution focused bit, actually setting your targets, what are we going to look at first”

“...although I don’t have it on paper [mapping framework] I relate back to all these things to try and see where we can help a family. So it’s been instrumental in helping us deal with other cases that don’t come in from Social Services”

There were questions around the use of the mapping in situations where it has not engaged families in the first instance, and the case is mapped again, and professionals felt there was little or no merit in this. There was, however, recognition of the benefits in reviewing the process to chart progress and the importance of revisiting safety plans to ensure they continue to offer safety in the long term:

“If I recall right, that was the second time I had been at that planning, that style of that being done with the same family...I do know there was very little change...it was all very stressful...and we’d all heard the same stuff before about the same girl...My feeling was if it hadn’t and wasn’t sorted the last time, who thought they were going to sort it this time?”

“I’ve only ever been at one where we were called back again to review the initial one and to look at whether risks had went up or come down and they had come down and I felt it very, very useful that when they do one they should really be following through thereafter”

Adherence to Policies and Procedures

Information in relation to any concerns around the fact that SiP had in anyway subverted, undermined or replaced existing guidance was concise, with professionals from other agencies and disciplines stating that the work carried out by Social Services when using SiP remains focused on child safety and wellbeing and in adherence to existing policies and procedures:

“It’s assessing the levels of risk and mapping out what areas they specifically need safety provisions put in place or how we...can help them”

It is important to note, however, that there were some concerns expressed relating to the initial introduction of SiP within the WHSCT. Although it did not reduce risk thresholds, there was a concern as to how some children were not on the Child Protection Register at that time and an initial perception that the mapping framework may act as an alternative to child protection processes or case conferences:

“[Initially] I would have had some concerns about it, how it was being implemented, but also there was a sense emerging then, which I think has changed, but then that this was used as an alternative to the child protection process and the child protection case conferences. And so you were dealing with this feedback that they’re dealing with very risky cases here...but they seem to be adopting this approach as opposed to taking it through the case conference. In fact some chairs would have almost actually said that, or some of the managers within the Trust were using this as an alternative. Now I think the Trust realised they got this wrong in that sense and it had to try and bring that back again because I think it’s no coincidence that the numbers on the CP register went down by 50% in the first year roughly that they introduced this”

It was clarified, however, that this was due to the fact the WHSCT were unclear about their message regarding the approach and implementation strategy initially and had worked to redress this. These concerns were reported to be no longer salient:

“I think there was a definite issue back in the early stages of it and I think that has changed somewhat, certainly from talking to the managers, they recognise the wrong message was being picked up from some of their own staff”

“To be fair to the Trust they’ve...tried to say no, it is an approach to be used within the various pathways and not as an alternative to child protection, but I think that led to a lot of confusion among those [professionals] that we were picking up...as to the purpose...I think that was back then and maybe things have moved [now]”

It was made clear that SiP had in no way impacted on the procedures of other agencies/ professions in relation to making referrals to Social Services and the completion of their required documentation. SiP is being used in various settings, in initial case conferences, care planning and core group meetings, and even to assist in decision making around whether it is appropriate to close a case, to move a case to family support, or to intervene with families to manage risk and prevent escalation to child protection:

“I’ve seen it used at case planning around helping to make a decision, should we continue to manage this under family support or should we come into child protection”

“I’ve seen it used as part of the initial child protection process, if it hasn’t been used already; I’ve seen it used as part of the process around helping to reach a consensus around deregistration; I’ve also seen it used with families that never get as far as child protection”

The professionals reported that there are thresholds in place around risk, which act to trigger certain policies and procedures around child safety and wellbeing and that these continue to be implemented and adhered to. The view was also expressed that child protection plans do not in themselves act to protect children, rather family engagement, good working relationships, and practical provisions and support are essential drivers of child safety. Some professionals also felt that SiP, whilst not replacing existing policies and procedures, did serve to enhance their application in practice with children and families:

“Child protection plans do not protect children, we know that. We try hard putting plans together, but again back to the family as the people who can make a difference when the crisis hits on a Friday night”

“Much fairer and transparent way of doing business, I think it enhances the way in which child protection policy and procedures are used, understood and governed”

5. Findings: Case Study Interviews

56

This section reports the findings from interviews carried out with family members and professionals from the 19 current cases included in the evaluation. These interviews yielded rich data and this is reflected in the presentation of the findings by the extensive use of quotations in support of the points made. The 19 cases produced interviews with 22 parents/carers, 16 social workers, 13 social work managers and 11 professionals from other agencies or disciplines. In relation to these groupings, a total of 64 discrete interviews were completed as follows;

- **Parents/carers:** 16 discrete interviews completed with 22 parents/carers from 16 of the cases included in the evaluation (both parents in 6 cases, mother only in 5 cases, father only in 4 cases, other relative caring for the children in 1 case). The interviews, therefore, include the views of 11 mothers, 10 fathers, and 1 other adult relative. In 2 cases the parent/carer agreed to be interviewed but did not keep the agreed appointment nor respond to subsequent requests for contact and in 1 case it was not possible to arrange a suitable date for interview before the deadline for completion of fieldwork.
- **Social workers:** 19 discrete interviews with 16 social workers involved in all 19 of the cases included in the evaluation (3 social workers were interviewed twice in relation to their involvement in different cases).
- **Social work managers:** 18 discrete interviews with 13 social work managers involved in 18 of the cases included in the evaluation (3 social work managers were interviewed twice and one three times in relation to their involvement in different cases). In 1 case it was not possible to arrange a suitable date for interview before the deadline for completion of fieldwork.
- **Professionals from other agencies/disciplines:** 11 discrete interviews with 11 professionals from other agencies or disciplines involved in 11 of the cases included in the evaluation. In 3 cases no other professionals were identified, in 3 no other professionals were willing to be interviewed, in 1 the identified professional did not respond to requests for interview, and in 1 a suitable time could not be arranged for interview before the deadline for completion of fieldwork.

As outlined in section 2, interviews with children and young people were also to be undertaken although this proved to be particularly problematic. In 17 of the cases included in the evaluation it was not possible to undertake interviews with children or young people either because it was felt they would be unable to participate in an interview because of their age or disability or because we were advised, either by the social worker or parent/carer, that it would not be appropriate to interview the child/young person due to their current circumstances. In 1 case a 15 year old girl agreed to be interviewed jointly with her mother and in 1 case a brief interview was undertaken with an 8 year old girl, in the presence of her parents, in relation to her views of a safety plan that had been drawn up.

In order to increase the representation of the views of children and young people in the evaluation, the WHSCT approached a number of other families from other cases not included in the evaluation. These approaches, however, had limited success and the result

was that a further two interviews took place (1 with a 17 year old boy and one with a 7 year old girl and a 6 year old boy who were interviewed in the presence of their mother). It has to be acknowledged, therefore, that the voice of children and young people is under-represented in the evaluation and that further work may be necessary to remedy this.

Family Members

The majority of the parents/carers interviewed (n=19) were involved with the Family Intervention Service (FIS), 2 were involved with the Looked After Children (LAC) service and 1 was known to team for children with disabilities. In terms of the WHSCT administrative areas, 5 were receiving services in the Enniskillen area, 4 in Omagh/Strabane (1 in Omagh and 3 in Strabane), 5 in Derry-Waterside/Limavady (2 in Derry-Waterside and 3 in Limavady), and 8 in Derry-Shantallow. Their ages ranged from 20 years to 57 years (mean=36 years) and 12 were female and 10 were male. 14 of the parents/carers reported that they were unemployed and 2 stated that they were employed full-time. Of the remainder, 3 described themselves as 'looking after home/family', 2 as 'long-term sick/disabled', and 1 as 'in education/training'. Over half of the parents/carers reported some form of disability with 7 stating that they suffered from mental health problems, 3 from a physical disability, 1 from a sensory impairment and 1 from both a mental health problem and a physical disability.

The number of children in the families ranged from 1 to 5 (mean=2.6, mode=2, median=2) with the gender breakdown being 25 female and 16 male. Parents/carers reported that just under one quarter of the children (n= 11) had some form of disability with 5 reported to have a physical disability, 3 a learning disability, 1 a mental health problem, 1 a sensory impairment and a learning disability, and 1 a mental health problem and a learning disability. The evaluation team did not gather specific information about the reason for Social Services involvement with each of the cases but they did include families receiving child protection, family support and looked after children's services

Knowledge of Safety in Partnership

When asked what their understanding of the SiP approach was, 13 of the 22 parents/carers stated that they had not heard of this term before and 9 stated that, although they had heard the term being used by social workers, they were not sure what it meant or what it involved. All of the parents/carers, however, talked about their experience of the mapping framework and/or safety planning and, as will be outlined below, some had experience of the tools used for direct work with children and young people. Based on his experience of the use of the mapping framework at a core group meeting and the development of a safety plan, 1 parent stated that his understanding of SiP was that:

"...[facilitator] comes in and takes on our concerns, takes on their [professionals'] concerns and actually then sits down and works out a happy medium between the two of us...puts measures in place that actually work best for both of us" (Father)

Working in Partnership with Parents/Carers

The majority of the parents/carers interviewed (n=17) stated that they had a 'very good' relationship with their social worker with 3 stating that they had a 'good' relationship and 2 stating that it was just 'ok'. All of the parents/carers also reported that their social worker knew them, their family and their circumstances either 'very well' (n=17) or 'quite well' (n=5). They discussed a number of skills, qualities and abilities that their social workers possessed that had enabled them to develop their relationship with frequent mention of the social worker spending time to get to know them, listening, being respectful, honest, non-judgemental and supportive and encouraging:

"She is really good like. She would listen to you...So encouraging. She gave me that pat on the back that everybody needs...She's like a normal person. She doesn't look at you like she's better...She treats us with respect" (Father)

"She would do anything for you, help you out...She listens to me and I listen to her and then we come up with a solution" (Father)

"[Social worker] would be the only one to give us credit...she praises whereas when everybody else first came out it was, let's blame the parents...but when she came into it she didn't do that, you know. She took time to get to know us...and I don't think she's ever blamed us...she's the only one, I think, that does point out the good things we do" (Mother)

"He's very supportive. He kind of works with us...not him telling us what to do...He's never talked down to us or anything like that...he's just been really, really supportive" (Mother)

"She's honest with me, I'm honest with her – it works...she doesn't look down her nose at me or think she's better than me...She's down to earth. I can talk to her...She's straight to the point. The honesty is there...I know exactly what I'm getting myself into with [social worker]. I know exactly where everything stands...I trust her" (Mother)

The parents/carers discussed a number of benefits that their involvement in mapping and safety planning had in terms of their working relationship with Social Services which can be summarised as follows:

- 17 stated that it afforded them an opportunity to have a say in decisions affecting their family;
- 16 stated that it enabled them to be involved in decision-making;
- 15 stated that it led to their views being listened to and understood;
- 14 stated that it led to better outcomes for them;
- 10 stated that they had a better relationship with Social Services;
- 9 stated that it led to them having a better understanding of the impact of events on their children;
- 8 stated that they had a better understanding of Social Services' concerns.

A number of quotations from parents/carers are presented below in order to illustrate these points:

“I do find we’re better understood now...I did feel we were heard. I did feel it was more democratic...other than that meeting, they never feel democratic, they always feel them and us...you always feel under the microscope...it was all prepared...that makes you feel thought about too...makes you feel valued, you know, that you’re not just the next on the conveyor belt...everyone was looking at this thing rather than at us and that, in itself, is a massive shift because you feel that scrutiny and when they’re all looking at you it’s very hard to be empowered...or to feel you even have a voice” (Mother)

“They [Social Services] are the best thing ever happened to us...they did change our life...they gave us that stepping stone...[Social worker] gave you hope, so that makes you optimistic...they gave us that push that we needed. They gave us hope and light, but not at the start. At the start we thought it was a dark, deep hole and we thought we were going down...but then, when we started working with [social worker], we were looking up from that hole at that light” (Father)

“At the start of it I didn’t like it. I didn’t like the sight of them [Social Services] but now I understand why they have to be there...I was ignorant to it, you know what I mean, didn’t want nothing to do with them...I’m not running round with my angry head anymore...I’m working with them now...” (Father)

“I couldn’t stand social workers, didn’t like them...but I have respect now for them...I understand a lot more...they made me understand a lot more about the kids than I did before I met them” (Father)

“We’re glad that they came involved...because it’s taught me and him a lot and helped us a lot” (Mother)...“it changed me...it made us have to focus...anything we do affects our family...I’m glad that we did have them in our lives for this period of time...it’s shown me and her that we can be better parents...the knowledge I have now I wouldn’t have had and I’m happy about that there...” (Father)

“...it [mapping] was good because everybody got to say something, everybody had their view to say...the Social Services seemed to listen more at one of them meetings...you get a lot more choice...” (Mother)

A number of the parents/carers raised issues that could militate against good working relationships with Social Services with 6 parents stating that a lot depended on the individual social worker and whether they had the skills, abilities and interest to engage families and work positively with them. There was a clear view from these parents that there were ‘good’ social workers and ‘bad’ ones and one parent suggested that there should be more direct supervision of what social workers actually do in practice:

“They should send the head social worker out with social workers to see how they approach families” (Father)

A further 5 parents/carers identified the issue of frequent changes of social worker either impacting on the ability to build up a trusting relationship with one individual or meaning that they had to start trying to establish a new relationship:

“...you were jumping in and out of social workers; you didn’t know whether you were coming or going” (Mother)

“Having that many social workers in such a short period of time, it’s like snakes and ladders. You get so far and end up back at square one with a new social worker having to explain everything again” (Father)

Finally, 3 parents/carers commented on the high workloads of social workers which could limit their ability to spend time with families building up a positive working relationship:

“They appear to me to be very short of staff and that they’re very busy. They have an awful lot of work to do; there’s an awful lot of paperwork to do and they’re always under pressure...They do always seem to be overloaded” (Mother)

Collaborating with Other Professionals

There was little information arising from interviews with parents/carers about collaboration between the professionals involved with their families. As is clear from other sections of this report, however, they describe the framework being applied and plans reviewed in multi-disciplinary forums attended by a range of professionals from other agencies and disciplines:

“All the professionals are sitting down with you and deciding what the plan actually is” (Father)

Engaging with Children and Young People

All but 1 of the 22 parents/carers stated that the social worker showed an interest in the children/young people during home visits and spent time engaging and interacting with them. The 1 parent who said this did not happen explained that it was due to the fact that her son was severely disabled and would not be able to communicate directly with the social worker. 19 of the parents/carers also referred to direct work with children or young people carried out either by the social worker or by, for example, a social worker based in a family centre or a residential unit. 10 of these parents/carers were, however, unaware of the specific tools that had been used in this work with the others referring specifically to safety planning (n=4), the ‘Three Houses’ tool (n=3), and the ‘Fairy/Wizard’ tool (n=2).

All of the parents/carers felt that it was very appropriate and beneficial for social workers to engage directly with children and young people and to show an interest in them and their views and opinions:

“She [social worker] got on board with the kids too; that’s what it’s supposed to be about!” (Father)

“[Social worker] straight away was interested in the wee un’s wellbeing...it’s this wee un, know what I mean, and that’s 100%...” (Father)

Similarly, all 18 of the parents who referred to direct work being undertaken with children and young people felt that this had been appropriate. 1 parent talked about a safety plan that was completed with her three youngest children and, although she felt this had been a good thing to do, she did not feel that it had been carried out effectively. She stated that the social worker had worked with all three children together and that they had ‘messed about’ a lot during this interaction. Consequently, the parent questioned their level of understanding of the plan that had been developed and suggested that it might have been more appropriate for the social worker to have engaged with each of the children individually.

The parents/carers generally felt that it was important that children and young people were engaged to enable, for example, an exploration of the impact of circumstances and events on them, their understanding of Social Services’ concerns or why certain actions were being taken, and to ensure that their perspectives were listened to and understood:

“[Social worker] did a thing to see if it [domestic violence] affected the children in any way, if they heard anything and stuff like that...they did colouring in pictures and she would have asked them questions through colouring in...it was wee fairies like” (Mother)...“I think it was a good approach...you have to explain it to them in a way they understand, down to their level...’cos I don’t think it’s appropriate keeping things from them either” (Father)

“[Social worker] has done work with our youngest wee girl. It was more to make her understand what was going on with [oldest daughter], why she wasn’t at home full-time. [Child] enjoyed it, you know...it was her drawing...the good house, the house of worries and the house of dreams...for [child] it was a good thing to do” (Mother)

Quotations from 2 parents are presented below which illustrate how the completion of direct work with a child led to new information being uncovered which was then able to be fed into safety plans and led to appropriate therapeutic work being undertaken with the child concerned:

“She [social worker] did stuff with [child] about wee homes and houses...and her dreams...and it came out...[child] blocked everything in and she wouldn’t tell me anything, you know, about her mammy drinking, her ma hitting her, falling asleep and leaving [younger child] in the house on his own when she went down to her friend’s house drinking...” (Father)

“[Social worker] came out with wee books to draw pictures...about how [child] is feeling... it was good. It was able to get things out of him that you wouldn’t have, you know, if you asked him a direct question. [Social worker] did that there and could find out a lot more about what’s going on in his head...they do, like, the houses...if it wasn’t for them opening him up, getting him to speak, I would say we wouldn’t have got no further...it [physical assault] might never have come out...it was still in his wee head and he couldn’t get it out or tell anyone” (Father)

As noted earlier, arranging interviews with children and young people proved to be particularly problematic and it was only possible to speak to 2 young people (a 15 year old girl who was interviewed jointly with her mother and a 17 year old boy) and 3 children (an 8 year old girl who was interviewed in the presence of her parents and a 7 year old girl and her 6 year old brother who were interviewed in the presence of her mother).

Both of the young people interviewed were looked after and had experience of the mapping framework being used in care plan meetings. The 17 year old boy was very positive about this and found it more beneficial than the normal format of such meetings:

“I think it’s a good way of doing it, aye...It’s good that you can see it all up there. It’s all up in front of you so that anybody sitting round the table, they can refer back to something...whereas in a normal meeting people, the agenda tends to twist and turn a lot...people put their heads off one topic and go on to another...and the chair’s trying to pull it all back...but I find with the mapping...it’s a lot more straightforward because it’s all there in front of you...it keeps people focused...it keeps people on topic”

The 15 year old girl, however, agreed with her mother that the mapping framework had been helpful the first time it was used but, having experienced it at a number of meetings, she now found it unhelpful:

“The first time I went was...about moving into [residential unit], safety mapping...The first time I seen it, yeah, it was good. You see what you have and your risks...[now] I find safety mapping meetings pretty useless...”

The 8 year old girl who was interviewed in the presence of her parents talked about the social worker using the ‘Fairy/Wizard’ tool with her and said this had helped her to talk about the things she was worried about. She and her mother also discussed a safety plan that had been developed due to issues regarding domestic violence and substance misuse by the father. The girl explained that if she was worried about issues at home such as ‘if mummy and daddy fight and argue’ or ‘daddy hits or shouts or drinks beer’ then she knew what to do:

“If I’m sad in school I put up my pencil case [on teacher’s desk]...She talks to me...if I’m worried”

Both the girl and her mother discussed how the child had tested this strategy in school to ensure that the plan would work:

“...she tested them one day, she thought, alright, I’m going to see if this really works. Now, there was nothing wrong with her but she put her pencil case on the teacher’s desk and she waited to see how quick the teacher reacted. The teacher reacted really quick to it and came down straight away and said do you want to come out of the room to speak to me and [child] goes no, I just wanted to check to make sure it was working...the teacher went right, are you sure and [child] said yeah...[child] came home and said mummy, you know that actually worked, the teacher came down straight away” (Mother)

The 7 year old girl and the 6 year old boy who were interviewed in the presence of their mother had witnessed domestic violence by their father against their mother and the 6 year old boy had also been assaulted during this incident. The social worker had undertaken work with both children to enable to talk about their feelings about this and any issues they were worried about. The ‘Three Houses’ tool was used with the girl and the ‘Fairy/Wizard’ tool was used with the boy and the children brought these to the interview. Both children stated that they had liked talking to the social worker and that they had been able to talk about what they were worried about:

“Me daddy pushed me mammy against the wall and he hit me and mammy and [sister] saw it...She [social worker] was nice and she was funny...she told jokes. She helped us colour in...It helped us” (6 year old boy)

The children’s mother stated that she felt this work had been very helpful as the children found it difficult to talk to her about what had happened:

“I thought it was a good thing because they were talking about it and it’s good for them to talk about it. They were getting it off their chests which obviously they need to do...I thought it was a good thing, aye definitely”

Developing a Questioning Approach to Practice

The vast majority of parents, as noted above, stated that they had either a ‘very good’ or ‘good’ relationship with their social worker. It was clear during interviews, however, that parents were very aware that the social worker’s main focus was on the safety and wellbeing of the children and young people involved. 17 parents/carers stated that their social worker would challenge and question them if necessary and, indeed, they viewed this as a positive quality as it was an honest approach to working with them:

“She’s straightforward and tells you what’s what and what she thinks...She’ll not hold anything back...she just tells you, so you’re sort of on the straight with her all the time. She’s truthful and honest...she tells me how it is and doesn’t hold things back...there’s no beating around the bush” (Father)

“...if she has a problem with something you’re doing she’s not afraid to tell you...to make things work you’re going to have to hear things like that eventually...if somebody’s there

***to help you, especially social workers, they can't cross over things, they have to be blunt about it otherwise the problem's not going to change"* (Father)**

***"From the start he explained that they are the main issues, the kids...He's very open, very honest and he just tells you point blank...He has a very calm way of approaching you but he's also assertive enough to get the point across that he's here for the wellbeing of the children"* (Father)**

***"...I know he's still a social worker and he's got the children's interests at the top of his list...very straight...you know exactly where you stand...they are there to protect the children so I think they have to be very suspicious and cautious for the children's sake"* (Mother)**

***"...like she would be straight to you...I would rather have someone who's going to be bottom line, straight to you...you might not like it, but you respect a social worker far more for coming out and telling you...there's been many a time we haven't agreed on things but, as long as they're honest, I might not like it but I'll take it on the chin and I'll work with it...I respect [social worker] for it"* (Mother)**

***"...she will always be upfront, she'll be straightforward...She will always put them [children] first like, she will think about them first"* (Mother)**

In relation to the mapping framework, 15 of the parents who had experienced this were very positive about it. They felt it was a very structured forum which allowed for a detailed consideration of their family's situation, identifying strengths as well as concerns, and leading to the development of practical plans agreed by them and the professionals present with everyone knowing what was required:

***"...it's good in the sense that everybody gets to know what's happening...It hasn't just made me realise what needs to be changed...it's made everyone realise, other social workers and professionals"* (Father)**

***"That [mapping], to me, had that structure for the first time. It was very well done out...and it was very useful to visually see...the areas of most need...to see where the priorities are, where the need is and for the professionals there as well...when you had the visuals it was very useful to go back and say, ok, well that point is going to address that, or how should we address that...it was useful to have visual feedback because the verbal stuff can get lost"* (Mother)**

***"...it would've been all the people involved with [child], teachers, [day centre], the social workers, the family workers, everybody was there...Because it was all laid out...I find the meeting did help me, you know...I found it gave all the professionals working with us a clear picture too..."* (Mother)**

"I found it helpful because you were able to focus on each category...instead of when I'm sitting down in a meeting, you know, I'm a wee bit rattled and everything is coming out at the one time but, like, at that there I was able to chat about the positive stuff, then the stuff that was worrying without it all clashing together" (Mother)

"It was a good, kind of fool-proof plan to prevent things escalating to where they had gotten to before...it made both of us fully aware of how to go about things to prevent things from getting bad so I thought that was really helpful" (Mother)

"It was like open conversation in the room by everyone that's involved in the case...giving everyone in the room the picture of...areas that need working on and areas that need improvement and strengths and weaknesses and people were allowed to voice their concerns or voice their opinions...It was a good way of doing it" (Mother)

"You would have had your teachers from the school, health visitors...the family centre...and your family members...when it's up on the board then...there's solutions and everybody can think...I thought it really did work" (Mother)

2 parents/carers were less enthusiastic about their experience of the use of the mapping framework although both still stated that it had been a helpful exercise. 1 parent, however, reported that, because she was employed full-time, it was difficult for her to attend meetings and the mapping framework was very time-consuming. The other parent, having been at several review meetings at which mapping was used, felt it had lost its usefulness although she acknowledged that she was frustrated at the number of meetings she was required to attend in relation to her children:

"The first time, to actually see everything and have it there in front of you, the first time it was helpful but to keep repeating it, no...you get pee'd off with it, but I'm really pee'd off with all the meetings...I'm running between meetings at the minute...I'm sick of meetings" (Mother)

Developing a Skilled Workforce and Learning from Practice

It was not anticipated that interviews with parents/carers would shed much light on this element of the SiP approach. An interview with 2 parents, however, did provide information about this when they were discussing their relationship with the social worker dealing with their case. These parents were very suspicious of Social Services and hostile to their involvement and they stated, very clearly, that the social worker did not take time to get to know them or their family's circumstances:

"He was always in a rush every time he came in the door...he would write down a couple of wee lines and away he would go" (Father)

In order to progress their case, it was proposed that a mapping would take place at a core group meeting. A facilitator was appointed who, prior to the mapping taking place,

undertook 6 sessions of preparatory work with the parents with the social worker present. This work involved a detailed discussion of professional concerns, significant events in the family's past, and the parents' previous experience of contact with professionals. Following this work, and the use of the mapping framework in the core group meeting, both parents noticed a change in the social worker's practice which they attributed to him learning from the approach he had observed the facilitator taking:

"Whatever way she [facilitator] was chatting to him, he was able to see a far wider picture...I noticed the difference...I think she put him wise to the bigger picture...he's starting to see the wider picture...I think it was [facilitator] who woke him up to it..."
(Mother)

"Since [facilitator] came along he's got to know us quite well now...[social worker] has actually got more information from [facilitator] being around from our past...[facilitator] has forced [social worker] into a practice of listening, a practice of hearing both sides of the story..." (Father)

Although the parents said that their relationship with the social worker was still 'up and down', they did feel that it was changing and stated that they were now beginning to develop a trusting relationship with him and felt that they could now be more open and honest with him. They also commented on other positive changes in that the social worker was now engaging more with their child during home visits and that, generally, they felt that professionals were listening to them and that they now felt more involved in decision making:

"She [child] is starting to like him now because he's actually starting to get down on the floor on her level and start interacting..." (Father)

"Before they were just demanding us to do this, do that. Since [facilitator] became involved the social worker's actually coming in here, sitting down and listening to what we have to say. I do think since [facilitator] has been involved we've had a voice because people are actually listening" (Father)

Adherence to Policies and Procedures

Adherence to policies and procedures was not a major focus of interviews with parents/carers. Those who had experience of the mapping framework, however, indicated that it was used in the context of decision making and planning meetings, such as child protection case conferences, case planning meetings, LAC reviews and core group/care plan meetings, stipulated in policies and procedures. 1 parent stated that the mapping framework had been used in her family home but was clear that this work had been mandated by a child protection case conference and that the resulting safety plan was to be ratified in this forum.

Social Workers

67

The majority of the social workers interviewed (n=13) worked in the Family Intervention Service (FIS), 2 worked in Looked After Children (LAC) teams and 1 worked in a team for children with disabilities. In terms of the WHSCT administrative areas, 4 worked in the Enniskillen area, 3 in Omagh/Strabane (1 in Omagh and 2 in Strabane), 5 in Derry-Waterside/Limavady (2 in Derry-Waterside and 3 in Limavady), and 4 in Derry-Shantallow. Their ages ranged from 23 years to 64 years (mean=37.9 years) and 12 were female and 4 were male. The length of time they had been employed in their current social work role ranged from 3 months to 11 years (mean=4.1 years).

Knowledge of Safety in Partnership

There was variety amongst the social workers interviewed in terms of their experience and use of SiP. Some had been using the approach for a number of years, 1 had known no other means of practice, and 2 had only used the approach in 1 case. Social workers reported that SiP was a strengths-based, solution-focused approach which fostered better working relationships, sharing of information, partnership working, and the identification of risks, strengths, safety and the development of achievable plans. One strongly recurring theme among many of the more experienced social workers was that SiP is founded on the principles of good social work practice and linked with their reasons for entering the profession:

“My overview of the Safety in Partnership is that we’re trying to actually work in partnership with the families, work from a strengths basis, building on the protective factors. We’re trying to keep children safe...when families recognise the issues and can come up with their own solutions there’s better outcomes for the child and the family”

“It’s a way of relating to people much more on a level, using language that’s a lot more day to day and simple, focusing on what the actual issues are, being able to lay out very clearly what is required, giving people achievable goals, explaining what the consequences of certain behaviours are...”

“To me...this process has completely revolutionised the way we work, and in a really, really good way it’s allowed social workers to go back to actually working with children and families rather than sitting at our computers banging out reports...which we still do but there’s a much greater emphasis on direct work with children, direct work with families which we seemed to have moved away from for a long time”

Social workers felt that SiP, to some extent, redressed the power imbalance between Social Services and families. This was due to the fact that it affords them the opportunity to be involved in, and affect, decision making which, in the view of social workers, assists in creating ‘buy in’ from families. Some social workers reported key differences between SiP and traditional practice noting, in particular, the use of simple, clear and accessible language which families can understand:

“Safety in Partnership is a family orientated approach...means by which families and associated other people get the opportunity to say what the issues are...and come up with solutions that work for them really...we get to say what our bottom line is and then we can work together to find a solution”

“Everybody taking part, with the same level of power...for want of a better word...it’s not something that’s imposed on people, it’s something that they are equal partners in”

“I’ve found it really, really useful where families can see it in black and white, and it’s in their language...it’s not...jargon”

“The type of language that’s used is different...we would have used...words that might have been offensive to families...now...[it’s] these are the things that we’re worried about, we want to talk about the things that you’re worried about...”

The mapping framework was reported to be a central feature of the approach and was described as a visual tool within which concerns and safety could be identified. The importance of engaging with children and young people to ascertain their views and feed these into assessment and decision making was emphasised. Social workers were supportive of the tools used for direct work and noted the importance of using age appropriate techniques:

“It’s a different way of working visually...it’s there for the family to see and I suppose it’s more easily understood...previously social workers would have come to meetings, they would have done the reports, it would have been presented there, where it’s much more accessible for the family”

“I would find the individual work with Safety in Partnership to be very important...it’s a really strong tool in identifying the child’s views and their opinions and their feelings about what’s going on for them...I would find that one of the benefits of Safety in Partnership...it really focuses on the child”

“With younger children it would be the wizard and fairies, the three houses, those visual ones they can enjoy doing...the three columns assessment, I would use that maybe more with older children”

“The tools that we use as well...I’ve used the three houses, I’ve used the fairies and the...wizards. Sometimes...I would use things for older children...there’s a wee island I discovered one day to use with older ones”

The social workers reported that, overall, the different aspects of SiP, such as the mapping, direct work with children and young people, etc., helped to build a more comprehensive assessment, bringing clarity around risks, looking at addressing these, and building safety through the establishment of clear plans. Social workers felt that SiP led to better planned work with families which, in turn helped them feel more proactive rather than reactive:

“It’s being more rigorous about getting the child’s view...the process of mapping does help honesty...and bring it down to how it actually affects the children, and then you know exactly what it is you’re dealing with in terms of people’s day to day lives...that makes it more relevant to the service users”

“Safety in Partnership is looking at the strengths our families and young people have, and looking at how we can use those strengths to either minimise or address a risk, or put a plan in place that’s focused around the family or the child to support them as much as possible and also to clearly identify what needs to happen”

“It doesn’t minimise the risks, it just helps highlight them and try and balance things out, look at what’s good as well as well as what’s not so good...it definitely does not take the focus off the risk”

In relation to the 19 cases included in the evaluation, social workers were asked to list the tools or techniques from SiP which had been used in their case. They reported that:

- In 17 cases clear risk statements were developed;
- In 16 cases the mapping framework had been used and, in some cases, mapping had been carried out on more than one occasion;
- In 16 cases safety plans were developed, both for children and for other family members;
- In 16 cases a genogram had been developed;
- In 13 cases other tools or techniques had been used. These were all tools used in direct work with children and young people to elicit their views, thoughts and feelings and included the ‘Safety House’, ‘Three Columns’ mapping, ‘Hidden Harm’, ‘Helping Hands’ and ‘Life Story’ work;
- In 11 cases the practice principles/elements were used;
- In 11 cases the ‘Three Houses’ tool was used;
- In 5 cases the ‘Fairy/Wizard’ tool was used;
- In 1 case an eco-map was developed.

Working in Partnership with Parents/Carers

All of the social workers identified benefits that they believed SiP had delivered for parents and carers. The mapping framework was highlighted, in particular, as a tool which assisted a clear communication of concerns to parents/carers in a format that was accessible and understandable. Overall, in terms of the benefits for parents/carers, the social workers reported that:

- In all 19 cases they had an opportunity to have their say;
- In 18 case their views were listened to and understood;
- In 17 cases they had a better understanding of Social Services’ concerns and a clearer understanding of why Social Services were involved;
- In 15 cases they were involved in decision making and had clear choices;

- In 15 cases they had a better relationship with Social Services, particularly in respect of the relationship with the social worker;
- In 13 cases they had a better understanding of the impact of events on their children
- In 10 cases they were more likely to engage with services;
- In 10 cases it had led to better outcomes for them;
- In 9 cases there were clearer identified goals for them to work towards;
- In 6 cases there was a better level of working in partnership.

The following quotes will help to illustrate the benefits for parents/carers reported by social workers:

“[In mapping] because they’ve had the opportunity [to have their say]...they then feel a lot more reassured that they’re being listened to and they’re being understood and people are taking their concerns on board”

“It was clear where everyone’s concerns were coming from, because at that time I think daddy was thinking people were blowing things out of proportion a wee bit...the concerns weren’t as high...whenever we had the mapping he did start to realise why people were worried and what they were worried about”

“Although they were being given this information through our UNOCINI reports, through meetings...it was quite overwhelming for them to see the concerns written up and the high risk of the concerns...it was very hard for them to see it, but I think it gave them a bit of clarity as to why we were so concerned...it made it really stand out to them...”

“When we did use the toolkits with the children, mum...didn’t know they were feeling scared to see daddy, didn’t know the reason why they might wake up at night-time...so for her it made her sit back and say, My god I can’t believe you’ve been through all that and I didn’t even realise as a mammy...it has helped her develop her relationship with her two younger children...”

“I have seen such a difference in this family...it’s one of the families that I have thought...hoping that if we continue on, that they won’t need our support and I wouldn’t have said that [last year]”

“Daddy has really engaged more positively since Safety in Partnership was implemented, from previous work...he’s definitely become more engaged and more proactive...This man hated Social Services...[now] he says Social services have worked with him and his family and helped him to make that many changes, and positive changes...definitely a change in daddy’s attitude since Safety in Partnership started to be implemented with the family”

Social workers reported that SiP encourages and recognises progress in cases through small change and helps offer direction through next steps, enabling families to see that change is achievable. The identification of informal support networks was also viewed as an important aspect of the approach, with extended family often invited to meetings if they were

identified as being able, realistically, to provide appropriate supports for the family and act protectively in the interests of the children and young people involved:

“This family have been involved with Social Services for that long, for them themselves to be able to see there’s an ending here, or a possible ending...an opportunity for us [family] to show we have moved on, we have developed”

“Within the plan that was identified at each one [mapping] it gave the family just the opportunity to see there’s where we’re at, there’s where we need to get to, and how are we going to get there...it gave this family that light at the end of the tunnel...”

“There was significant family support who were in and out of the house on a regular basis and who were monitoring the situation closely”

“What we were very clear in saying to people was don’t commit to something that you can’t stand over...because some people were saying, I’ll do that, but then they worked full-time, so it was unrealistic, it was unsustainable...it [would have] heightened the risk”

Although social workers noted these benefits of SiP for parents and carers, there was acknowledgement that their understanding of the approach depended on whether or not it was explained to them, the amount of information they were given, and their level of interaction with it. It was suggested that their understanding of SiP may require exposure to key aspects of the approach, such as the mapping framework:

“They wouldn’t know overly a lot about Safety in Partnership and the practice, I suppose they would see it as, probably the way social work should work, the importance of going out and building a relationship, being open and transparent, having trust in the social worker that there’s nothing going on in the background that’s not shared along with them”

“I explained it to them before we actually done the mapping...I feel they didn’t fully understand what it entailed until they had taken part in that mapping”

Also, interestingly it was highlighted that a common language is developing around SiP and 1 social worker reported that the family in her case had begun to use the terminology of the approach:

“Their language has changed, they would be saying, we’re really worried...there is like a common language between us”

Collaborating with Other Professionals

The social workers reported that the use of SiP, and especially the use of the mapping framework within multi-disciplinary meetings, had a number of benefits in terms of their working relationships with professionals from other agencies and disciplines. With reference to the 19 cases included in the evaluation, they reported that:

- In 17 cases there was more effective communication between Social Services and other professionals, or between family members and other professionals;
- In 14 cases there was more collaborative working between professionals;
- In 12 cases there was a sense of shared responsibility, in that all professionals had a role in helping to ensure the safety and wellbeing of the children and young people involved;
- In 12 cases there was a better relationship between other professionals in the case and Social Services;
- In 11 cases other professionals were involved in the decision making in the case;
- In 10 cases there were agreed or shared goals for all professionals;
- In 8 cases there was a better sense of clarity around professional roles;
- In 6 cases it had helped improve the quality of relationships, e.g. between professionals themselves and between families and other professionals;
- In 4 cases it had helped enhance multi-disciplinary working.

The following quotations are provided in order to illustrate some of the benefits identified by social workers:

“It’s given me a better understanding about the role that they play...it’s about involving multi professionals more, and what their role is and what they can be doing to help”

“It really clarifies everybody’s role, and you’re collectively protecting the child”

“People are all given their chance to say...this is why I’m worried, and again then for next steps, people are all put into the agenda as to who’s going to do what, be it education, be it police, health, Social Services...and that the focus is taken off so much...Social Services, that there is other professionals involved and everybody has a role to play in providing support and minimising risks”

“I have found that from it [mapping], instead of me having to contact the professionals for updates...they’re actually contacting me”

“They adhere to it as well, any care plans set out from it or any next steps...it gives them a realisation, that...it’s not just the Social worker really, I need to be doing this, I need to be linking in...”

“It’s about accountability as a multi-disciplinary group not just as Social Services”

Again social workers reported that a common language, and shared understanding, between professionals was emerging as a consequence of SiP. Some social workers also identified related benefits such as an improved quality in the relationships between the family and professionals, professionals being clearer about the family situation (the strengths, the risks, the safety that exists, and the plan to progress the case), a reduction in professional anxiety, and avoiding duplication of work with the family:

“Even other professionals are saying, are we going to map this case? They’ve even picked up the terminologies or the language that we use”

“...it’s also come to a stage now where if there were some issues of difficulties that they [family] were having they would have no difficulty picking up the phone and contacting the likes of the health visitor, or contacting myself and saying, this isn’t working well”

“I would feel that there’s a better relationship with the family and with the young person [and professionals], because it’s a familiarity then as well because they’re not just a name in a report that they know them face to face and they’ve been able to hear first-hand from professionals...”

“It relieves any anxieties or worries they [other professionals] might have about the case because they’re now clear...what needs to happen and what’s going to be happening over the next period of time”

“It’s narrowing down the amount of professionals that are involved...it helped to reduce the number and make each professional involved focus their work more so they know exactly now what they’re doing”

It should be noted, however, that some social workers did not feel that SiP, for them, had encouraged better relationships with other professionals or enhanced multi-disciplinary working. This was something they viewed, quite simply, as being part of good social work practice. Social workers also highlighted that some professionals from other agencies and disciplines were still reluctant to fully engage in meetings in which the mapping framework was used:

“In terms of my own role, I don’t think Safety in Partnership has made any difference in terms of...what a social worker should be in good practice”

“Professionals who have been working with the family for a long time would definitely share any worries or concerns or positive things...however...other professionals find it difficult still to say, I am worried...about this...what they do tend to do is contact the social worker before the review and say...”

Some of the social workers identified reasons for this reluctance on the part of some professionals from other agencies/disciplines to fully engage in such meetings. It was suggested that it may be due to an initial lack of knowledge or understanding of SiP in

general and the mapping framework in particular. The length of meetings at which the mapping framework is used was also raised as a potential barrier to the engagement of other professionals. Social workers were clear, however, that professionals from other agencies and disciplines became more engaged as their knowledge and experience of SiP grew, usually through their involvement in multi-disciplinary meetings utilising the mapping framework.

“Because they have increased their own understanding in terms of what it involves...they know...when they’re coming to a Safety in Partnership meeting...what’s expected of them”

“They [other professionals]...weren’t too keen to come to these meetings, because initially...some of these mappings did take pretty long”

“Only when... the professionals could see...what it is we were trying to do and the change it was making by doing it...was it actually beneficial and productive”

Engaging with Children and Young People

The social workers identified a range of benefits for children and young people arising from the use of SiP and the mapping framework/safety planning in the 19 cases included in the evaluation. They reported that:

- In 17 cases it led to a strong focus on the child/young person’s safety and wellbeing;
- In 17 cases their views were listened to and understood;
- In 16 cases they had an opportunity to have their say;
- In 13 cases it had led to better outcomes for the child/young person;
- In 13 cases they were involved in, or fed into, the decision making;
- In 13 cases they had a better understanding of Social Services concerns, or a clearer understanding of why Social Services were involved with them and their family;
- In 8 cases they had a better relationship with Social Services, particularly in respect of the relationship with the social worker;
- In 2 cases social workers described the involvement of the children/young people as working in partnership.

What came through very strongly from the social workers interviewed was that there was a real emphasis on carrying out direct work with children to elicit their opinions, thoughts and feelings. There were a number of tools reported to be used with children and young people, with it being very obvious through discussion that the social workers were the ones carrying out this direct work. Some of the benefits of SiP in terms of engaging children and young people are highlighted in the following quotes:

“...we did a lot of work with [older child] in terms of the wizard, helping hands and the three houses. There was an extensive amount of work done with [older child] from a hidden harm point of view, helping her understand her mummy’s alcohol issues, how it wasn’t her fault, how she wasn’t to blame, how her mammy had a problem...”

"We actually got some of the concerns and the worries that he [child] had...he had said that there were secrets and he drew a wee secrets box...and he was able to tell me...he whispered the secrets to me and asked me to write them in the box. I just found, for him, it was...a very good way for him to be involved"

"It was so useful in terms of us getting a true reflection of [child's] feelings and how he views the home situation...how he views contact. We were able to talk about all those things through completing this piece of work"

"It was able to get their (children) views across to the meeting without them actually having to come and sit through...and listen to things they really didn't need to be involved in"

"I think it's been a good way to get their voices heard, I think it's been a good way for them to understand what it is we're concerned about, I think they've been able to see we don't judge their daddy, we want to work with them to make sure that they're safe"

"The outcomes for these children...before we tried to implement (SiP) was looking pretty gloomy...and it probably wouldn't have gone in the best interests of [children]...because we got caught up in the whole domestic violence and the history of the whole domestic violence and not...the actual risks these children were being exposed to in the here and now...I think the best outcome is what it is at the moment...this is where they are happiest...[without SiP] I don't think we would have been where we are now"

"The end outcome for [child] if we hadn't got daddy on board was...the likelihood was that he was going to be removed and placed in care...his physical needs weren't being met, his emotional needs weren't being met...what his daddy has achieved for him would not have happened if we had not built on the principles [of SiP]"

It was noted that, in some cases, the children were too young, or had complex needs that hindered communication. Social workers noted, however, that they still attempted to elicit or represent the views of children and young people in these instances. They reported, for example, that in circumstances where children/young people cannot communicate, attempts have been made to ensure that those who know the child best are present at the mapping to advocate for the child or young person:

"...too young for the three houses. At times there is children that we can work with in terms of nursery school age, but given the oldest one, we've tried to do it with them but she's just too young, she just doesn't understand...We do talk to the children when we're out there and she does talk positively about her mammy and her daddy"

"The child has a severe learning disability... has no verbal communication... wouldn't really have an understanding....Certainly the school gave a good account of the child and how his day to day life is...and certainly the parents too..."

Some social workers reported that it was not always appropriate to use the SiP tools for direct work with children because of their age or capacity. In these instances they stated that they used different tools or techniques, or adapted the existing tools to ensure that they were more tailored to the child's age, stage of development, and interests. A number of the Social workers were also keen to stress that the completion of one tool did not mean that the direct work was complete, reporting that there was a need to revisit work with children and young people, as their thoughts and feelings may change or new issues may arise in families:

"...the older boy, he didn't want to do the three houses, but he was happy enough to ...write down how he was feeling and what he wanted to happen"

"I would try and use a lot of visual things with [child], because [child] is learning disabled... her level of retaining information is quite low...talking one to one with [child] is a poor way to engage her, so now I put up sheets on the wall and we would do, what's a risk?...how can we make that safe?, and we actually kept that poster up on her wall...so she was seeing it all the time"

"Although the tools were previously used, we need to make sure that...it's not just used and done, like it's been done once in the file...we need to make sure we're using them as their situation changes"

Some of the social workers reported that, in their cases, the child or young person was invited to the mapping and participated within that format to share their views. In some circumstances, however, it was not deemed appropriate for the child or young person to be involved in that process:

"...the young person attends her safety mapping, she's able to talk, express her views and her views and wishes are put into the map as well"

"They haven't been involved in mapping...mum doesn't want to bring them into it because of the information being shared"

Social workers reported that, in some cases, children and young people had been enabled to develop their own safety plan with the social worker. This was viewed as assisting the child/young person's understanding of the need for such plans and how they could keep themselves safe or get help if certain circumstances arose. One Social worker also explained how the older child in her case had tested her safety plan to ensure the adults involved in it would respond appropriately

"In relation to the actual safety plans for the children they were very much involved in deciding what they would be able to do to keep themselves safe...they were very able to say well, this is what we would do"

“I’ve spoken to the kids about testing people...and when I spoke to the kids about it, the eldest child had already done that in school and the school confirmed that she did, with her safety object in school...and the teacher responded as we had agreed...she just wanted to check that the teacher knew”

One social worker addressed the question sometimes raised around placing responsibility on children for their own safety and wellbeing:

“One of the questions...at 7 or 8 years of age are you not putting a lot of pressure on children to keep themselves safe, or younger ones...one of the answers we would say back to that is, if there was a fire in the house the children...would know where to go to...it is placing some responsibility on children...it’s self-protection skills”

Another social worker stated that careful thought had to be given to whether or not additional risk may be introduced if direct work was completed with a child which raised issues which were denied by the parents/carers:

“One of the concerns I’ve had before...when safety work has been successful from my point of view in getting information from children, if we’ve parents that aren’t ready to come along, there’s a fear that it actually puts children at more risk...if you’ve worked well and got a child to open up and tell you what’s going on and you’ve got a parent saying...that’s not going on...we’re the ones going home at night...and that wee un’s left with two parents that maybe aren’t ready to come on board...it’s a fear”

Developing a Questioning Approach to Practice

Social workers were specifically asked to address the frequently expressed concern that, when professionals attempt to build cooperative working relationships with parents/carers, there is a danger that the relationship will become collusive and that the focus on the safety of the children will be lost. In relation to the 19 cases included in the evaluation, they reported that:

- In 18 cases a key focus on the safety of children and young people had been maintained;
- In 17 cases the risks/dangers had been clearly identified as well as the strengths;
- In 15 cases there had been appropriate questioning and challenging of parents/carers;
- In 11 cases clear bottom lines had been highlighted;
- In 9 cases the use of policies and procedures was reported to have ensured that the focus remained on the safety and wellbeing of the children/young people involved;
- In 6 cases the use of SiP stools, such as the mapping framework and clear safety plans, had ensured that focus remained on the child/young person’s safety and wellbeing;
- In 5 cases the use of supervision was reported to have guarded against collusion and kept the focus firmly on the safety and wellbeing of the child/young person;
- In 4 cases the use of the practice principles/elements was reported to have helped to guard against this.

The social workers reported that they had no concerns about collusion being an issue in any of the 19 cases. They were clear that SiP, especially through use of the structured mapping framework in multi-disciplinary meetings, enables the questioning and challenging of parents/carers and that it allowed for difficult issues to be addressed. The establishment of clear bottom lines was also reported as guarding against collusive practice:

“To me it actually makes it easier to say difficult things...to address difficult issues and to maintain the separation of the positions and the roles”

“I had no problem challenging [father] and I think he’d say that as well, I was very clear about not letting the issues go unaddressed, but challenging in a way that I could still...have his respect...”

“We’re not their friends, we’re the professionals, we’re there to do a job. We can build a relationship and a rapport with them with professional structure...no difficulty in challenging [father] and being mindful of what I was there to do...primarily the focus...was on the children”

“...he’s [father] been challenged...our premise was you’ve only been alcohol and drug free for a year...we need to be there to make sure the child is [stable] and [father’s] able to provide that for him...there is times [father] doesn’t appreciate being challenged...but at the end of the day when something needs to be addressed with him, it needs to be addressed with him, that’s the way we work”

“There’s no shying away from it, there’s a bottom line, we set out this is what we expect, this is what we worried about...if you don’t adhere to this plan this is what the consequences are...it doesn’t come as a surprise if we’re knocking on the door saying we’re having an initial child protection case conference or we’re...going to court to remove the children from your care”

Social workers also noted that SiP enables challenging of other professionals, both by the social worker and by each other. Within the context of the use of the mapping framework it was explained that statements are explored in detail rather than just accepted and included on the map. The questioning of information was viewed as being apparent at all levels of practice in order to increase awareness and understanding and, ultimately, to gather better quality information to inform decisions and plans:

“It’s given me a reason to challenge them [other professionals] if [something in plan] hasn’t been done, since they did agree to it at the mapping”

“(Other professionals) at stages...did challenge each other in relation to where they saw the family at...you had different professionals with...quite different outlooks on the family...”

“Somebody one time put up at a mapping that I was doing, Granny X lives next door’. Granny X can live next door but she may not do nothing, she might not bring any form of safety...what does Granny X do?”

"We were a wee bit worried when [facilitator] was doing the mapping at (time)...we were very aware of the concerns about [child] going home, even for a short period of time and we did express that very clearly, but at the same time we did have to look at, if this was put in place would it be safe enough for [child] to go back...there were times where people weren't agreeing, and there were times when I wasn't even agreeing either...it had to be drawn out...how could this be managed safely?...very, very robust discussion at that meeting"

"In our team meetings we always try to highlight good practice...we would be quite good at asking each other, how did you do that? What way did you [do that]? How did that work out? What were the outcomes?"

Developing a Skilled Workforce and Learning from Practice

Social workers involved in 14 of the 19 cases reported that the use of SiP had changed their practice with children and families for the better and those involved in 4 of the cases stated that their practice remained the same. In 2 of these latter cases, the social worker indicated that, as the approach encompassed good social work practice, they were not working any differently to the way they expected to work. In the other 2 cases, the social workers noted that it was the first case they had experience of SiP with and they felt it was too early to comment on a change in practice. The remaining social worker reported that she had known no other way of practice, having used SiP since first being employed in the WHSCT.

The emphasis on direct work to engage with children and young people was clearly an element which resonated with many of the social workers. Many also commented that the mapping framework was very accessible and reported using it in their daily practice to check case details and plans, also noting that it allows social workers to very quickly grasp the key details of new cases. One of the recurring themes from the social workers was the importance of reviewing mappings and the plans emanating from them:

"I would now keep a folder for individual work, and in that I would keep the tools, such as the three houses, the wizard and the fairy, colouring pencils, highlighters, stamps, stickers...and I am finding it's a good way to engage children"

"Even the minutes of the mapping, I would refer to them regularly whenever I'm doing work on the case just to make sure all the areas are covered. And because it's such a complex case, and it's currently in court, it also helps us in terms of deadlines...it sort of keeps everything on track"

"If another colleague is off...if you're on duty and there's an emergency, if a case has been mapped and reviewed recently it's very easy to grasp a situation very quickly"

"Reviewing it as well is massive...I think you only see how it worked when you come back and review it and see if the safety is evident over time...if not you have to tweak it"

“That’s why we need to go back and revisit, there’s a lot of wee, current, new issues that we need to go back and tease out, that didn’t exist; that’s the idea of re-evaluating your work as well, revisiting, because these kind of families, it would be very unrealistic of me to think one session of Safety in Partnership was going to sort it out”

The Social workers in these cases also reported that SiP has led to more reflection in their working practice and that this helped develop worker skill and ability. Many stated that the use of the approach has led to work that is better planned and directed. Some, for example, reported that using SiP has led to them thinking about the reason for their home visit, and what work needs to be done and how, and has provided a clearer structure for doing this. The better planned and directed nature of work was viewed as having additional benefits, with social workers reporting that it cuts out duplication of work, brings focus and clarity to a home visit, and enables the information required to be gathered more quickly. A number of social workers also discussed the benefits of supervision in relation to providing clearer direction and guiding their practice:

“In some ways you questioned your own practice...that simple thing of don’t make judgements...has challenged everyone’s practice...”

Every time I do one, there’s things I would do differently next time, things that perhaps I wished I had said differently...that’s all just a learning thing”

“In terms of the mapping, it’s brilliant to be honest, because whenever you’re unsure about something, it’s up there in black and white, it’s very, very clear what your next direction is...it gives you great direction in the cases”

“[SiP] has given me more of a purpose...why am I going out to this house today?...listen, today I’m here to discuss this...it’s almost given me a sense of direction for each visit...it’s also given...I do have a role and a purpose here”

“When she [social work manager] allocates a new case, she would spend time with us...do mapping based on the information that we have...so before you go out to visit the family you have an understanding of what the presenting problems are, who the family are...it’s a great aid to assessment because it focuses you in on the questions you need to ask...”

“In mapping it in peer supervision...you know before you go out the areas of concern and what you want to ask the questions about...By the time you come to the initial family support planning meeting you have a good grasp of the case and the basis there for future work...”

“It gives you more focus...this is what I really want to know...you could maybe get a lot more out of one session, than you would have previously got out of three or four sessions not using it”

The social workers interviewed had attended different types of training in relation to SiP:

- 4 had attended the six day Practice Leaders training;
- 4 had attended the Introduction to SiP training
- 3 had attended the Questioning Skills training;
- 1 had attended the Communicating with Children and Young People training
- Social workers attached to 10 of the cases reported that they had attended other training and information sessions. These included sessions with Andrew Turnell, training provided by Sue Lohrbach, training in the use of genograms provided by the SiP Implementation Officer/Principal Practitioner, team training/information provided by the SiP Implementation Officer/Principal Practitioner, and training which included an element of SiP, e.g. Pre-birth Risk Assessment training.

It is clear from the social workers that the process is one which has been evolving and as it has developed, there have been opportunities for learning and skills development in, for example, engaging with children and young people, working effectively with families, and dealing with complex cases. Such opportunities were reported to have arisen through training, supervision and the sharing of practice:

"I find it exceptionally useful to my work...because it is sometimes difficult to get children and young people to engage with us because of several different issues, such as parental perception of Ss...it's often negative perceptions...that's always been a barrier for us...becoming aware of the tools and methods that we can use to engage children, it's been extremely useful"

"It's through the Practice Leaders Forum, it's through the training that comes along with that, it's through supervision with my line manager, but it's also...we would have a team meeting on a Wednesday morning 9:30-10:30, and then from 10:30-1:00 we would do peer supervision...somebody would bring a case...and we would map the cases out...that gives kind of, (a) if it's your own case some direction...(b) it gives a good awareness of other cases people hold in the office...if something was to come up and they weren't there you could just pull the mapping"

"I tend to use genograms just recently...through the training that we're currently doing...when I get a new case...it's second nature to give you a good understanding of where the family is actually at"

"We look at other people's cases and we help out...as a team...we discuss our own experience of toolkits that we used..."

One social worker noted that the only way to retain and develop skills around SiP is to use the approach in practice. Others highlighted that, in relation to the mapping framework, the skills of the facilitator are crucially important to ensure that the process is effective:

“The one thing I am very clear about is the only way to keep this going is to use it, because if you don’t practice it you’ll lose it”

“It does work well...but that depends on if you get the family on board and how well it is mapped out”

Those social workers who were relatively new to the WHSCT or SiP identified that having better information and awareness about the approach before engaging with it would be beneficial. They suggested that information relating to SiP could be provided alongside the initial information provided to new staff:

“When I first came into the job, although there was Safety in Partnership there, I didn’t know a lot about it...it wasn’t really talked about...I was handed a file of policies and procedures, read that...”

“To give me a better knowledge of the process, the reasons for it and the benefits...if you had the training you would have a better feel for the whole process rather than it’s been something you’ve been thrown into at the deep end...you do understand it but just to get a greater understanding of it”

When asked directly about the impact that the use of the SiP has had upon their job satisfaction, social workers involved in 9 of the cases said it had been ‘greatly increased’, those involved in 8 cases said it had been ‘somewhat increased’, 1 social worker said their job satisfaction remained unchanged because they only had experience of the approach being used in 1 case, and 1 stated that the question was not applicable to them as they had always practiced using the SiP approach.

Some of the social workers explained that there are certain key aspects of SiP which, for them, have been helpful in terms of improving their job satisfaction and others identified difficulties in changing practice:

“It has improved...because it’s closer to, what I think, people come into social work to do and that we’d lost in a deluge of paperwork and report writing”

“I have Safety in Partnership fresh in my mind...I know I’ve come in at a really good stage when Safety in Partnership’s here, as opposed to somebody who is there in the Trust for forty years and it’s very difficult for them to change their way of working...”

“You’re trying to get everybody in the office on board and that’s where the difficulties lie. You have people in teams a long time and they have their way of working and it’s hard...to get them to shift into a new way of working, so maybe not everybody in the office is using it as much as they could...different styles work for different people, but this seems to work with families”

Adherence to Policies and Procedures

All of the social workers stated that they had no concerns that policies and procedures were not being followed or complied with in the 19 cases included in the evaluation. They clearly stated that SiP did not replace policies and procedures but that rather that it ran alongside and complemented them:

“...Procedures and guidelines can’t be side-lined...but this runs alongside it”

“We have to work within policies and procedures...we’re very much governed by law and procedures...”

The social workers stated that they had clear guidance in relation to the use of SiP and the necessity to comply with existing policies and procedures. One social worker, however, noted that there was some confusion early in the process of implementation of the approach although this was quickly clarified:

“I think when we did start to use it people did get confused but we were given direction very quickly that it’s not to be used in place of policies and procedures, only to support them...it doesn’t stand on its own”

Whilst some of the social workers said that SiP could sometimes be viewed as additional work, most reported that the approach sits well with policies and procedures. They were able to give examples of how their practice in the cases included in the evaluation, including use of the mapping framework, was in line with existing procedures and guidance

“...Safety in Partnership, particularly mappings, has aided us in making decisions, but we’ve followed the policy and procedure within the core groups, within child protection meetings, within Looked After reviews, being ratified by independent chairs and also being ratified by independent judges...”

“That mapping was in a care planning meeting which fed into the overall care plan for [child]”

“We use our UNOCINI document...I have been to some case conferences where we’ve mapped the case, but we’ve referred to the...UNOCINI document, that’s really what we’ve been using”

“Your UNOCINI, anyway that you’re doing would incorporate a lot of that...the strengths, the risks...”

“I think Safety in Partnership probably encompasses more and then it feeds into the UNOCINI reports...to make informed decisions”

A number of the social workers reported that SiP had improved practice, serving to enrich assessments and decision making and, therefore, to enhance the application of policies and procedures:

“If anything I think Safety in Partnership has worked well...it works alongside our policies and procedures, it doesn’t replace any of our policies and procedures, but if anything I think it makes for a tighter plan”

“I think it...it enhances...because it encourages you to be clear”

In relation to the usefulness of SiP in terms of assessment and decision-making regarding the safety and wellbeing of the children/young people involved in the case, the social workers reported that in 15 cases it had been ‘very helpful’, in 3 cases it had been ‘somewhat helpful’, and, in 1 case, the social worker was ‘unsure’, feeling that it was too early to comment on this.

Social Work Managers

The majority of the social work managers interviewed (n=10) worked in FIS, 2 worked in the LAC service and 1 managed a team for children with disabilities. In terms of the WHSCT administrative areas, 3 currently worked in the Enniskillen area, 4 in Omagh/Strabane (2 in Omagh and 2 in Strabane), 3 in Derry-Waterside/Limavady (2 in Derry-Waterside and 1 in Limavady), and 3 in Derry-Shantallow. Their ages ranged from 33 years to 58 years (mean=43.5 years) and all were female. The length of time they had been employed in their current social work manager role ranged from 4 months to 10 years (mean=4.1 years).

Knowledge of Safety in Partnership

The social work managers were involved in 18 of the 19 cases included in the evaluation. They were varied in terms of their level of experience of SiP, with some having used the approach since its inception in the WHSCT and others having relatively recent experience of its use in practice. The social work managers stated that the implementation and use of SiP in the WHSCT is an ongoing and evolving process, taking time to embed, as people develop and hone the skills required to use the approach. Consequently, they did not feel that use of the approach was consistent across the WHSCT. Some suggested that staff may not use it in practice, not for reasons linked to the approach itself, but rather because of the work it may entail and others suggested that it may be that some services have been quicker to adopt the approach than others because it sits better within their remit, processes and procedures:

“...The majority of people like the approach and like the principles...and the ethos of it, but with everything else social workers need to do in their daily practice, it can be seen as additional work”

“From a residential point of view it sits very, very well with how we work and our models of practice here....it was very easy for us to start to use it because we work in an attachment focused practice, so we work closely with families anyway and we’re always trying to work on the relationship with the families and the relationships with the child and having them involved and having responsibility for what they can do and making those things real”

The managers pointed to the fact that SiP is consistent with the values and ethics which are central to effective social work practice. They described the approach as a systemic, strengths-based ‘model of intervention’ which aims to build ‘true partnership’ between families and professionals and involves the voices of children and young people in order to inform and evidence decision making with a central focus on safety and wellbeing. They indicated that the use of this strengths-based approach has required a change in thinking and practice for themselves and their teams. The use of clear language, the removal of jargon, and the importance of family understanding were highlighted as being of key importance within the approach and were supported by the social work managers interviewed:

“Safety in Partnership is steeped in good practice and in social work values, ethics and skills...it certainly is an intervention that has brought things back to the way that we should be working”

“Safety in Partnership is a collaborative approach to engage all professionals, and more so families, in the decision making process. To look at identified risks and try to increase safety around that”

“We were always...problem saturated in the past...[now] we’re focusing on people’s strengths and the safety within families, while also looking at risks and worries, but putting that in a language people can understand”

“It helps families understand what it is people are worried about”

The managers were clear that the approach is more than simply a range of tools to be used in practice. The tools and techniques of the approach, however, are a key feature that differentiates SiP. The mapping framework was referred to frequently by the managers who described it as a ‘structured decision making tool’ which helps guide and focus those attending meetings at which the framework is used. They stated that, within this forum, the voices of all involved in the case were heard and included in the decision making:

“It’s a tool to enhance decision making...it’s also a visual aid to see in the one spot the reasons why we’re there...the reasons why the family is known to our agency, the family strengths, the risks, the safety and it also includes the voice of the families and the children”

“Every family have got safety measures that we don’t even know about...or aren’t aware of...it’s about us hearing what they’re doing, and what’s working and it gives us better confidence”

The forum for discussion created in the mapping was reported to encourage the sharing of information, better communication of concerns and to assist in the creation of relationships as everyone’s views are considered and included on the mapping framework. The managers also reported that it helps to bring clarity around the risks involved, leading to the development of explicit risk statements which are difficult for anyone to misinterpret and sometimes serve to act as a moment of realisation for the parent or carer in terms of the potential impact on the child. The process was also felt to enable the family to feel supported, both by professionals and extended family members, and to lead to the creation of clear plans in which everybody’s role was detailed:

“...in one care planning...we put it all up on the board; what’s going well? what are we worried about? And what needs to happen? And it was the first meeting that the parents didn’t storm out, didn’t argue. They were that fixated on what was being written...the guardian ad litem commented afterwards it was the only productive meeting that she had attended, and the parents said it was the first time their views had ever been taken into consideration or they had ever been listened to...I think it was the visual bit”

“[Risk statement with SiP]...If daddy beats mammy, he could hurt her, seriously hurt her or he could kill her. If this happens (children) will grow up without a mammy and without a daddy...He [father] said, the thought that I could kill her never crossed my mind”

“When a family get to see...who’s going to do what, I think they realise, we’re not alone...look at how many things other people’s going to do...it’s not just about us anymore, everybody has to step up to the plate...it brings together everybody that needs to keep the child safe and not just a family...it’s a very visual way of doing it, it makes it real”

In addition to the mapping framework, the social work managers made reference to other aspects of the approach such as the practice principles and tools for engaging family members and children and young people (genograms, eco-maps, ‘Three Houses’ tool). It was evident that the social worker is the individual who, in the majority of cases, interacts and communicates directly with the child/young person and completes the direct work with them. The managers stated that this provides greater insight into the child’s feelings, wishes and in essence, captures their voice. They reported that SiP provides the social worker with a ‘toolkit’ for practice, assisting them in engaging children and that this, ultimately, leads to ‘enhancing social work practice’.

In relation to the cases included in the evaluation, social work managers were asked to list the tools or techniques from SiP which had been used in their case. One manager stated that, due to a change in job role and subsequent distance from the case now, she could not be definite about which tools and techniques had been used. The information below, therefore, applies to only 17 of the cases. They reported that:

- In 10 cases the practice principles/elements were used;
- In 15 cases the mapping framework had been used (and in some cases mapping had been carried out on more than one occasion);
- In 13 cases safety plans were developed (for children and other family members);
- In 13 cases genograms were developed;
- In 11 cases risk statements were developed from the mapping;
- In 9 cases other, related tools or techniques were used. These were all tools used in direct work with children and young people to elicit their views, thoughts and feelings and included the 'Safety House' and 'Three Columns' mapping;
- In 6 cases the 'Three Houses' tool was used in direct work with children;
- In 2 cases the 'Fairy/Wizard' tool was used in direct work with children;
- In 1 case an eco-map was developed;

Working in Partnership with Parents/Carers

The social work managers identified a range of benefits that they believed SiP had delivered for parents and carers. Again, specific reference was made to the mapping framework and the development of safety plans. They reported that:

- In 17 cases they had an opportunity to have their say;
- In 17 case their views were listened to and understood;
- In 13 cases they had a better understanding of the impact of events on their children
- In 13 cases they were involved in decision making and had clear choices;
- In 12 cases they had a better understanding of Social Services' concerns and a clearer understanding of why Social Services were involved;
- In 11 cases it had led to better outcomes for them;
- In 9 cases there was a better level of working in partnership;
- In 9 cases they had a better relationship with Social Services;
- In 9 cases they were more likely to engage with services;
- In 3 cases there were clearer identified goals for them to work towards.

The managers reported a number of factors that led to more effective working with parents and carers. These were seen as being underpinned by the practice principles of SiP and included 'openness', 'honesty', 'respect', recognition of 'strengths', clear identification of 'risks' and a drive for 'change' and 'progress' to create 'safety'.

The managers stated that the use of SiP (specifically the mapping framework) in care planning or core group meetings has meant that these have been less intimidating for families which they believed to be conducive to creating a better forum for discussion. Preparation of parents/carers was noted to have been an important part of ensuring they know what to expect and feel they can participate and have a role. There was a real sense that the use of SiP in the cases has led to the creation of shared goals and enabled families and professionals to work together to ensure safety for the children and young people involved:

“Families and the young people have to feel safe in that process, so there is a wee bit of preparation and explaining to people how we’re trying to work, because people who have maybe experienced being at case conferences...can find those meetings intimidating...it’s about trying to work in a different way”

“Because of the nature of the meeting and...the type of conversations and discussions and things we were able to talk about, it gave us a good insight into where the strengths are...just how we can build on the strengths...progressing the case”

“They were part of it, rather than sitting on the periphery”

“I know there’s principles and stuff...but for me it’s around kind of working in partnership with the family...it’s about getting the family to see we are actually there to support them and we’re not there to hinder them...if we work together hopefully we can move forward quicker”

The involvement of the extended family in some cases was noted to have been helpful as it has allowed the wider family to be aware of what is happening and, in some cases, has alerted them to issues they were either unaware of or did not appreciate the seriousness of. It has allowed them to step forward and take a role in supporting the family, or in helping provide safety for the children and young people involved:

“[Extended] families...don’t really even know half of it and then when you go into something like that [mapping] it becomes very clear and you can almost see faces sort of dropping that they weren’t aware of this and it almost changes their view in terms of just how serious this is...”

The managers reported that SiP has led to ‘buy-in’ and ‘engagement’ on the part of parents and carers. They stated that, key to this, has been assuring that they understand why Social Services are involved and what the concerns are. SiP was reported to help to clarify Social Services’ concerns and ensure that the parents/carers have a clear understanding of these and the impact on their child, why Social Services need to be involved, and what needs to be done to address the concerns and create safety for the child.

“I’d be very clear too when we’re mapping or when I read reports and the risk statements that they’re very basic and simple language...the family needs to understand exactly why we’re involved, what we’re worried about and what we’re going to do”

“...I had the people coming in [to the mapping] and saying, I want my children back today and I don’t know why you’re involved. When you map the case, at the very end of it we had mum sitting crying saying, I’m not able to look after these children”

“Before [father] would have thought, that was just me and her fighting and it had nothing to do with the children...where he can see now the impact it’s had on his child”

The managers highlighted that in the cases, the voice of the parent has been clearly heard with the benefit being a more realistic picture of what's possible emerges, for example, allowing a parent to state clearly what they can and cannot do to ensure the safety of their child. The use of SiP was reported to not only give parents a voice in the process, but to have involved them in the decision making. They felt that the use of the approach led to the development of more realistic plans to help ensure safety of the child/young person with parents/carers being clear about what needed to change, what needed to be done to create that change and more likely to engage in work to bring about change:

"We're not there to say to him [father], you have to stop drinking because we don't have any control over that...it's for him to be able to identify the times when he would be most inclined to drink...so we were able to build the support around those times"

"The list of next steps are all achievable, you're not setting out the impossible for families...before you would come away with your child protection plan and it could have been about twenty things...and in some ways you were setting them up to fail, they were never going to get off the child protection register...this doesn't, you're setting them achievable goals"

"Years ago you would have done a list; mum will attend...dad will attend...it was a list; and they never went...because that was what we felt they needed. Whereas...(now) they are identifying their own supports"

"...he [father] will accept services...the partnership working with [father] is definitely there now...there has been a turnaround in his engagement with Social Services"

Although the cases the managers were discussing were ongoing ones, the managers reported that there have been better outcomes for the parent and family as a result of the use of SiP. They also stated that, in some of the cases, there had been a shift in the attitudes of some parents towards Social Services:

"There has been a huge difference in the outcome of this case because [child] is now being brought up within his family"

"Just that change in approach has been able to get the family to work with us and that has been the difference in trying to progress that case..."

"SiP has helped the family to turn things right around"

"I don't see how we could have got to this point with this family, without it [SiP]"

"...situations of complete lying and avoidance and concealment, to actually phoning us and saying, this is happening now and I need your help"

Despite this positive feedback, however, the social work managers cautioned that the approach would not necessarily work for everybody and that consideration had to be given to the capacity of the parent/carer and their willingness to change:

“(There) may not be better outcomes for all families but does provide better opportunity to involve them in the process”

“You’re introducing this model, some can take to it, some really struggle with it...”

Collaborating with Other Professionals

The social workers reported that the use of SiP, and especially the use of the mapping framework within multi-disciplinary meetings, had a number of benefits in terms of working relationships with professionals from other agencies and disciplines. With reference to the 17 of the cases included in the evaluation, they reported that:

- In 15 cases other professionals were involved in the decision making in the case;
- In 14 cases there was a better sense of clarity around professional roles;
- In 14 cases there was more effective communication between Social Services and other professionals, or between family members and other professionals;
- In 11 cases there was more collaborative working between professionals;
- In 10 cases there were agreed or shared goals for all professionals;
- In 9 cases there was a sense of shared responsibility, in that all professionals had a role in helping to ensure the safety and wellbeing of the children and young people involved;
- In 6 cases it had helped enhance multi-disciplinary working.
- In 3 cases there was a better relationship between other professionals in the case and Social Services;
- In 3 cases it had helped improve the quality of relationships, e.g. between professionals themselves and between families and other professionals;

The following quotations are provided in order to illustrate some of the benefits identified by the social work managers:

“Better communication, everybody’s clear and it doesn’t just fall back on a list of jobs for a social worker to do”

“...people are more clear on what the risks are and, as a multi-disciplinary group, what role each of us needs to play in trying to address the concern or lessen the risk”

“When you go to a case conference, people tend to follow what other people say, whereas here [SiP mapping] people are given a chance to say what they’re worried about, what’s going well, and to help to write the risk statements as well”

“We’re always supposed to work as multi-disciplinary, and we all should have shared goals, that’s the whole purpose of our work when it comes to family support and child protection...but I just think that some of the questioning that you manage to include when you’re using the SiP, it allows for more scope and a clearer understanding of what each role is and how we can support each other”

“Fundamentally people still see child protection as Social Service’s responsibility,... now you can see when you are doing the mappings...people are taking their role or what it’s agreed for them to do, they do take responsibility for it...”

It should be noted that many of the managers felt that there were good working relationships already in existence between Social Services and professionals from other agencies and disciplines. In this respect, they did not think that SiP had led to better relationships although they did acknowledge that it fostered good working relationships. Some managers indicated that one of the benefits of SiP was that it gave professionals from other agencies/disciplines a better insight into, and understanding of, social work practice. They also acknowledged that, in some cases, the quality of relationships between parents/carers and other professionals had improved as a result of the open and honest communication that occurred in meetings at which the mapping framework was used:

“I think the relationships...were okay anyway to be honest”

“I think they’ve a bit more empathy about your role and exactly what you have to do, sometimes people don’t appreciate the difficult job we have in dealing with every aspect of a child’s life in terms of their carers, their placement, their health, their education, their contact...their safety...and I think when they come to these meetings they realised...you really do have your work cut out...I think for them to see this is the reality of our job”

“It was good the fact that the teacher was there as well, and the teacher was able to reassure the family...there was a good flow of information...reassured them (parents)...were doing a good job”

“Because relationships have improved with ourselves, it’s had a knock on to, in terms of...better engagement with other agencies too”

Some of the managers did note, however, that working with other professionals had not been without its difficulties. These were generally viewed to exist when professionals from other agencies and disciplines had a limited knowledge and understanding of SiP. The managers did report, however, that awareness was improving among other professionals and that they were seeing the emergence of a common language around the approach with terms such as ‘mapping’, ‘safety plans’, ‘strengths’ and ‘worries’ being evident in discussions between professionals. They noted that this was extending as professional understanding of, and confidence in, the approach grows. Some social work managers reported that they now receive requests from other professionals for cases to be mapped:

“For some professionals, initially, coming into that type of context...they did question how we were managing [risk]...it’s taken a few times for them to get to grips with it”

“At the beginning a lot of resistance from other professionals...trying to help them understand our process...because they weren’t getting the training...trying to get them to understand what SiP is...”

“It does make professionals, other professionals, think a wee bit differently now whenever we’re managing and looking at risk in families...that’s something we had to learn and develop...I suppose other professionals have to, sort of, get a better understanding of that”

“Solicitors and barristers, a lot of them are now asking, has that case been mapped?...can’t believe the judge or some of the barristers are asking [that]...”

Engaging with Children and Young People

The social work managers identified a number of benefits for children and young people arising from the use of SiP and the mapping framework/safety planning in the cases included in the evaluation. They reported that:

- In 16 cases they had an opportunity to have their say;
- In 15 cases their views were listened to and understood;
- In 14 cases it had led to better outcomes for the child/young person;
- In 14 cases it led to a strong focus on the child/young person’s safety and wellbeing;
- In 12 cases they were involved in, or fed into, the decision making;
- In 9 cases they had a better understanding of Social Services concerns, or a clearer understanding of why Social Services were involved with them and their family;
- In 3 cases they had a better relationship with Social Services;
- In 2 cases social work managers described the involvement of the children/young people as working in partnership.

Some of the benefits of engaging children and young people through the use of SiP, whether by direct work or their involvement in meetings where the mapping framework was used, are highlighted in the following quotes:

“It helped professionals tune in better to the [children’s] different needs”

“That wee girl was able to help us to devise the next steps...observations we were able to do between mum and the wee girl...it really did help us to understand their relationship...we were involved for two and a half years...I asked her what she wanted...she said, I would like to talk to somebody about school and other things...in two and a half years either nobody had ever asked her or she was never in a place where she thought it was safe”

“She had a worry box at school and a worry box at home and for a period of time she had an opportunity to put in what her worries were...They opened the tins at a meeting, with the parents...nobody knew what was going to be in that...what it highlighted to us is that the things the wee child was worried about was not things professionals were, we kind of created this whole situation about what this child might be worried about. This wee girl just missed her sister and was worried about what happened when the fights and arguments happened at home”

“For example, that wee boy, it would feed into maybe contact, how we can maybe make that better and how we can speak to adults around him about what not to do and what not to be saying”

“His voice was really heard, and it was very much part of the decision making...for his welfare...his views were taken into consideration”

“They’re flourishing now they’re with dad...through that individual work you were able to see the difference in how they were feeling with mum and dad”

“I think the outcome would have been totally different [without SiP], I think that [younger child] would have been placed in foster care as well”

Some of the social work managers described the participation of children and young people, of differing ages, in meetings where the mapping framework was used. They noted, however, that it was not always deemed appropriate, either by professionals or parents, for them to attend such meetings. One manager described the adaptation of the meeting in order to ensure that the young person was aware of how to keep himself safe. The mapping was used as a means to check that he could describe his safety plan as it was noted that he had difficulty with written plans. In some of the cases, where it was not deemed age appropriate for children to attend meetings, managers reported that their views had been captured through direct work brought to the meeting to ensure that their views fed into the decision making process:

“He actually attended the meetings, so we were able to ask him, what would you do if this happened? where would you go?...rather than doing...a written down plan...”

“He’s very young to get to engage in the work...No way you’d be able to do it without those tools...helpful, but to just sit down and talk to him it wouldn’t be as effective”

“He did say daddy’s not allowed in my house, and he opened up a wee bit more, but without those tools, I feel we wouldn’t have got to that point even with him”

“The children are so involved...they’re identifying the safety objects, they’re telling you what they’ll do if such and such happens”

“...in...a case conference meeting...would say, this is the view of such and such, or through my work with [child] she’s told me that she worries about her mammy drinking, or...they’ve told me they’re happy with their daddy and that’s where they would like to stay”

The managers reported that, whilst children may not know what SiP is, they felt confident that they would be able to describe the direct work undertaken by the social worker:

“I don’t think that they [children] would understand the terminology of Safety in Partnership, no, I think they would be able to say they did some colouring in and work with [social worker] about how they feel and about what worried them and about what they would do if they were worried or scared, and about who’s important to them...and that they were heard”

“He [young person] probably wouldn’t have any understanding of what Safety in Partnership is. He knows what his social worker does and what his social worker does is steeped in the principles and elements of Safety in Partnership...there’s a really positive relationship with his social worker now”

The social work managers were clear that children and young people had been involved in the development of safety plans where possible. Their involvement in the process of safety planning and development of safety plans was reported to be an integral part of ensuring that children and young people knew what to do in order to stay safe. Some of the managers also stated that it was important to encourage children and young people to test out safety plans in order to ensure they were fit for purpose. The importance of monitoring and revising safety plans where necessary was also highlighted:

“If they are in a situation of...risk again, I think that they’re better prepared in how to manage that...they would know who to contact, where to go, what to do...where the safe place in their house is...self-protection increased to a level that is appropriate to their age”

“Since the safety plans have been drawn up the children have tested professionals...so that really demonstrates they have a full understanding of what professionals need to be looking for as well”

The social work managers also shared some of their more general experiences in relation to the importance of engaging with children and young people, their attempts to reflect this within case files, and the importance of realising that completion of one piece of direct work using a SiP tool was not the end of the engagement with children and young people:

“Sometimes we make assumptions and we make decisions about children and really, isn’t it far better to make decisions with them being part of that decision making and giving their opinion...different children feel different things, experience different things”

“The work with the children, you’ll notice in all our files, I would hope, certainly in the majority of them there’s going to be work with the children so we do things like trying to get their thoughts and feelings so the three houses...we have the kind of wizards and fairies...so if you open the files you should certainly see the work with children and the voices of children in there”

“You just don’t do the three houses and that’s your work with the child finished... some of those tools will help you...the basis of that is to build upon that, to get to the point that when you’ve found out enough about the child you can then build in a safety plan with the child”

Developing a Questioning Approach to Practice

Social work managers were asked to address the frequently expressed concern that, when professionals attempt to build cooperative working relationships with parents/carers, there is a danger that the relationship will become collusive and that the focus on the safety of the children will be lost. In relation to 18 of the cases included in the evaluation, they reported that:

- In 17 cases a key focus on the safety and wellbeing of children and young people had been maintained;
- In 15 cases the risks/dangers had been clearly identified as well as the strengths;
- In 14 cases there had been appropriate questioning and challenging of parents/carers;
- In 13 cases the use of policies and procedures was reported to have ensured that the focus remained on the safety and wellbeing of the children/young people involved;
- In 9 cases clear bottom lines had been highlighted;
- In 8 cases the use of supervision was reported to have guarded against collusion and kept the focus firmly on the safety and wellbeing of the child/young person;
- In 7 cases the use of SiP stools, such as the mapping framework and clear safety plans, had ensured that focus remained on the child/young person’s safety and wellbeing;
- In 2 cases the use of the practice principles/elements was reported to have helped to guard against this.

All but 1 of the social work managers were clear that SiP was no more likely than any other process to lead to collusion and cited some of the key principles and aspects of the approach, including the structured mapping framework, as factors which guarded against this:

“I think the opposite actually...Safety in Partnership...It allows that really balanced...although the UNOCINI is saying it’s a balanced assessment, we’re looking at the strengths, the weaknesses...I think the visual thing about Safety in Partnership is we are looking at the strengths but the complicating factors gives a good balance...I don’t think it leads to collusion...it’s spelled out there in black and white and I think the safety plan, because of the detail...I think the plans are tighter...not as vague”

“With Safety in Partnership it’s fairly explicit, because of some of the things it allows you to discuss and you’ve other professionals there, it’s hard to be collusive, I don’t think it allows for that...you’re very specific about what the risks are”

“If you’re being clear about what you’re bottom line is, you’re not being collusive and if you’re being very clear about the danger and the harm, what the risk statements are...it makes it clear”

The managers were clear that the focus of work remained on the safety and wellbeing of children and young people and that the tools and techniques used in the SiP approach, especially the structured mapping framework, encouraged questioning and the gathering of detailed information which could be fed into plans. They felt that the approach led to all of the options being explored, the appropriate questioning and challenging of parents and carers, and the gathering of explicit information from other professionals regarding their concerns. The use of scaling questions was also reported to be very helpful in clarifying both the concerns of professionals and family members:

“...we wouldn’t just stop with a statement, we’ll explore a wee bit further...we get in deeper”

“[Concerning an incident with parent]...There hasn’t always been honesty, but the fact that you’re able to unpick it and pick up, what happened? Where was the child? What did you do? Who supported you?...you can see there will be bumps in the road, but the fact that there’s things in place”

“They were challenged...but it was a fair challenge, it was the same way you would challenge parents. Professionals were challenged in an appropriate manner to give a view, not to just throw something out there and then leave it in the ether”

“We looked at the scales of how worried we were, the highest was 5...after we done that mapping the highest was 3, the others were 2”

“Mapping allow[ed] for the type of questions...clarification...the mapping tool allows you to prompt things and allows you to probe a wee bit further but in a way that you’re bringing people along with you”

“The whole ethos [practice principles] is all there and when we’re mapping it, we’re keeping all of that central to what we’re doing and things like picking out the detail...danger/ harm...come up with our risk statements...we use our questioning techniques”

One manager did express concerns regarding the case she had been involved in although not within her own team. This was in regard to the use of the mapping framework in relation to a specific issue where she felt that the emphasis had been placed on the needs of one child without due consideration being given to the views of the other children in the family:

“I’d some difficulties around that, but it was more of an internal issue...my concern about that particular mapping, was that mapping very much, while it was about [issue] for one child, it wasn’t about the [issues] for the other...children...they were afraid...I felt the mapping was done without the other children being part of that and without their views being fully considered”

This manager was clear that this situation was not indicative of SiP in general. She did feel that in this case, however, professionals from another service had acted to keep the focus/purpose of the mapping very narrow and, in her view, had manipulated the process:

“...the only objective in that was to achieve the outcome that the professionals involved in the [service]...the other children’s views were not considered...that made me realise you can shape and steer anything to achieve an outcome that you desire...in my experience of SiP, that was the only time that I felt it was not objective”

This social work manager was still extremely supportive of the SiP approach but felt there needed to be safeguards in place to avoid situations like this happening again.

Developing a Skilled Workforce and Learning from Practice

All but 1 of the social work managers reported that the use of SiP had changed their practice with children and families for the better. The remaining manager stated that her practice with children and families remained the same. She noted that this was because she felt it was too early for her to comment on a change in practice as she had only recently been trained in the approach and it had only been introduced in her team fairly recently.

The managers highlighted some of the aspects they felt had changed in relation to their own practice since the introduction of SiP including more efficient working, the use of clearer, jargon free language to ensure that families understand concerns and plans, and the search for detail and clarity around risk that comes with the approach:

“From my point of view...the throughput of cases, we’re doing it a whole lot more efficiently; we’re getting in there and we’re not sort of drifting...we’re not looking at cases ...and two months later we’re sitting in the same situation with very little progress”

“Even the way I speak to families, the language I use...I tend now to practice more about trying to explain to them what we’re really worried about rather than always using this word concern”

“SiP...the main thing is the mapping, safety plans, the views of the families and especially the children, that they’re heard...if you open any of our files you would see that, and I’d say five years ago you mightn’t have seen that as often”

“I think before, if I’m being really honest, there were cases where I would have...suspected there were risks there that I wasn’t sure of, therefore they were unmanaged...that has changed now we can put the risks out on the table...that risk might be much higher, but at least I know it’s there”

The managers also identified that reflection was encouraged through the approach and this assisted in learning and the development of practice:

“It was how I asked the questions, I was learning I had to make changes there”

“Sometimes I will come out of a meeting and think, I could’ve asked that better, or I could have done that differently...those skills...take time to build up and that confidence”

“From the beginning stages, right through there’s been a lot of learning through practice...certainly when I look at some of those early cases...is it any wonder it took so long...everything’s up there....”

The SW Managers interviewed had attended different types of training in relation to SiP:

- All had attended the six day Practice Leaders training;
- Managers involved in 6 of the cases had attended the Questioning Skills training;
- 1 had attended the Introduction to SiP training;
- Managers involved in 11 of the cases reported they had attended other training and information sessions. These included sessions with Andrew Turnell (both in the WHSCT and in London), training provided by Sue Lohrbach plus shadowing her during her visit to the WHSCT, attendance at a ‘Signs of Safety’ conference in the Netherlands, and training in the use of genograms provided by the SiP Implementation Officer/Principal Practitioner.

They reported, however, that there is still a lot to learn and that the process of implementing SiP is ongoing within the WHSCT. They were clear that the approach, not only fosters good practice, but encourages learning and the development of skills leading to both confident and competent practice:

“Staff have done different types of training, there’s still a lot more to learn... particularly around questioning skills, and how to illicit the information...there’s still a lot of work to do around that”

“It is something that can be learned and developed...but it does take time”

“Learn as you go along how you ask questions that will get the information quicker...that only comes with practice”

“The more confident you are in using it the more you see how it can fit...in terms of fitting it with our UNOCINI”

Two of the managers raised an issue around the optimism which the approach generates and the potential for this to create delays in cases. They noted, however, that the skills and experience of the mapping facilitator, and appropriate guidance, are central in preventing this:

“It’s a very hopeful approach, but I think at some stage with children, if it’s not going to get better it’s not going to get better...keeping children at home, too long, when it’s not going to work...when it’s used... and used, and used, again and again and again...if it’s not working, it’s not working. I think there needs to be a limit on plans, there needs to be deadlines on plans...and rather than coming up with another plan, I think you need to say, this is a year down the line and it isn’t getting any [better]”

“At times with some families it delays...appropriate action. We use it sometimes when we should be going the next step. Part of that is probably attached to our ethos...there are times in the last four years where Safety in Partnership was used where I felt there was too much focus on things that were going relatively well, that masked what wasn’t...it’s not the be all and end all...if used properly and in the right context it’s a very useful tool, but professionals who are using it need to know where that stops...I think it comes down to the skill of the facilitator...I have seen it used where it has delayed the inevitable...but more cases than not it [SiP] has been a positive”

The need for a skilled facilitator in terms of the use of the mapping framework was an aspect stressed by many of the managers with acknowledgement that perhaps not all staff would be suitable facilitators:

“It does require an awful lot of skill...and it requires an awful lot of concentration...I think it makes a big, big difference...it’s quite demanding”

“There could be risk in that too, because I think that if everybody’s doing it there could be inconsistencies in how it’s done, I know that everybody’s going to do it differently...It might be better having people that are skilled and trained up in it rather than having everybody doing it because I think it might lose...what it’s all about”

When asked about the impact which their use of SiP has had upon their job satisfaction, all but 3 of the managers reported that it had led to their job satisfaction being ‘greatly increased’. The remaining 3 indicated that their job satisfaction had been ‘somewhat increased’.

Adherence to Policies and Procedures

All of the social work managers reported that they had no concerns about policies or procedures not being followed. They indicated that in all cases existing policies and procedure had been complied with and specifically mentioned the completion UNOCINIs, child protection policy and procedures, policies and procedures in relation to looked after children, and policies and procedures relating to family support. They emphasised that that SiP ‘sat alongside’, ‘complemented’ or ‘sat within’ existing policies and procedures:

"We have to work within our policies and procedures, we're very clear what's child protection and if something comes in and this meets criteria...that's always there...Safety in Partnership would never ever...overrule it...if the criteria was met, if threshold was met we run with policies and procedures"

"It's about the fit in, but it's not to replace...it doesn't mean that I have a great Safety in Partnership there and therefore I'm never going to convene a child protection case conference on that family. If a child, after investigation, is at risk of significant harm we'll be going to child protection"

"You still hold the line, there is a shift, but it hasn't changed the role...when there's a child protection issue I be out right away...there's no...getting overly friendly...let's do a good job together, but we're not going to overlook when there's safety issues"

"If we still need to go pre-proceedings, we will go pre-proceedings, if we need to go case conference, we will and a lot of our cases are...but we're still working in a way that we've tried to achieve the best level of partnership with the families..."

Many of the social work managers highlighted the role of the WHSCT in providing guidance around the application of policies and procedures in cases where SiP is being used and, in relation to the cases included in the evaluation, gave examples of how practice in their cases was in line with existing policies and procedures:

"It's been driven home to us by senior management there's no way it can replace it"

"The UNOCINI is our regional tool and it's there, the risk assessment has to be completed...we have policies and procedures...we've got good guidance as well...We use that (Safety in Partnership) to inform those assessments"

"One's not replacing the other...we are starting to understand how we can use Safety in Partnership within policy and procedures, guidance from the Trust and that...it doesn't matter what Safety in Partnership says, if there's a situation where we need to convene a child protection case conference ...the policies and procedures are very clear when that needs to happen...same if the child becomes LAC, there's thresholds that need to be met there too"

"Policies and procedures are there and we have to stick to them...the mere fact this went case conference...the risk was there and we met threshold for case conference so we went there...our care plan was there, it was agreed and followed through....Part of our care plan was also a Safety in Partnership, a preventative plan for mum and dad...and that fed in"

"Still child protection, and will continue to be child protection. The wee uns' names will not come off the register until the risks have gone...the fact that we've mapped it out and used SiP won't change that, it might be able to make the process quicker...but it'll not replace it"

“We went to Child Protection Case Conference, we were able to send the mapping with the report and the chairperson was able to see exactly what we done, who done what, when and how the case progressed the whole way through. It was easier to read, easier to follow, the family were there and we were able to discuss it”

Whereas some managers saw SiP as something which fits well into existing statutory documentation, others felt that they were still learning and developing to find that that fit:

“It hasn’t replaced the recording standards and the UNOCINI risk assessment tool...it’s done alongside it...the benefit of the Safety in Partnership is when you’re doing your review, your Safety in Partnership...you can transfer that information on to your UNOCINI”

“I always find, you’ve done the risk statements in the mapping and they fit very well into your UNOCINI”

“Getting the fit is where we’re struggling a wee bit”

In relation to the usefulness of SiP in terms of assessment and decision-making regarding the safety and well-being of the children and young people in the cases included in the evaluation:

- In 15 cases the manager reported that SiP had been ‘very helpful’;
- In 2 cases it was reported to have been ‘somewhat helpful’;
- In 1 case the manager reported she was ‘unsure’ whether SiP had been helpful or not.

Professionals from Other Agencies/Disciplines

The 11 other professionals interviewed represented the education (n=5), health (n=2), criminal justice (n=2) and voluntary/community (n=2) sectors. In terms of the WHSCT administrative areas, 4 worked in the Enniskillen area, 2 in Omagh/Strabane (1 in Omagh and 1 in Strabane), 2 in Derry-Waterside/Limavady (both in Limavady), and 3 in Derry-Shantallow. Their ages ranged from 44 years to 59 years (mean=49.1 years) and 8 were female and 3 were male. The length of time they had been employed in their current professional role ranged from 2 years to 21 years (mean=10.2 years).

Knowledge of Safety in Partnership

When asked what their understanding of the SiP approach was, 10 of the professionals talked about their experience of the mapping framework and/or safety planning. They used the terms SiP and mapping interchangeably and 1 used the term ‘Safety in Planning’ to describe his experience of meetings at which the mapping framework was used. In terms of the tools used for direct work with children and young people, only 4 of the professionals had heard of these with 3 stating that they were aware that some of the tools had been used by the social worker in the case (the ‘Fairy/Wizard’ and ‘Three Houses’ tools in 1 case

and the 'Three Houses' tool in 2 cases). They did not make reference to the practice principles underpinning the approach. 1 of the professionals stated that she did not know what SiP was:

"The problem that we have is that I don't know what Safety in Partnership is so I can only comment on the experiences I've had"

This professional had attended a case planning meeting at which the mapping framework was used but this was her only experience of the SiP approach. She was aware that the social worker had engaged in direct work with the two children in this case although she was not aware of the tools or techniques that had been used. Overall, she was extremely negative about her experience of the use of the mapping framework and did not consider that it had any benefits for the parent/carer, the children or the professionals involved. She did, however, acknowledge that it may have raised awareness amongst the professionals present about the factors impacting on the children and that the father had been referred to appropriate services to address the issues impacting upon his parenting ability. She did feel that the development of a safety plan was a good idea but stated that, in her opinion, the safety plan developed in this case was flawed.

This professional's dissatisfaction with the mapping framework was linked to a fundamental disagreement with Social Services about how this case should be managed. She stated that she had a very good relationship with the social worker involved in the case but noted that this person had been off sick for long periods of time and that the case had been covered by a number of other social workers. She stated that she found the social work manager to be unapproachable and that, in general, she did not feel that her views were listened to or valued. She made the following comments in relation to why her relationship with Social Services was problematic in this case:

"I'm not blaming the professionals. It seems to me they're all over-worked, under-staffed and very stressed...They're all stressed; any of the social workers that I meet are very stressed. A lot of them go off sick...We constantly deal with a variety of people on the one case...total lack of consistency...My impression is that you have to be in a very bad state before they actually deal with the situation; they are so busy closing cases because I think they're very over-worked..."

Working in Partnership with Parents/Carers

10 of the professionals outlined a number of benefits that they believed SiP (specifically their involvement in the processes of mapping and safety planning) had delivered for parents and carers. The 1 professional who was negative about the approach did acknowledge that the father had received appropriate support to address the issues impacting upon his parenting ability. The benefits that the professionals highlighted for parents/carers were as follows:

- 10 stated that it afforded them an opportunity to have a say in decisions affecting their family;
- 9 stated that it led to their views being listened to and understood;
- 6 stated that it enabled them to be involved in decision-making and to have choices;
- 6 stated that it led to them having a better understanding of the impact of events on their children;
- 6 stated that it led to better outcomes for them;
- 5 stated that they had a better understanding of Social Services' concerns;
- 4 stated that they had a better relationship with Social Services;
- 3 stated that they were more likely to accept services;
- 2 stated that they had clearer goals to work towards.

The following quotes will help to illustrate the benefits for parents/carers perceived by the professionals:

"...the meeting helped them [parents] because they were very difficult parents to engage and they have a very negative attitude towards professionals. So it helped them, kind of, settle themselves down and listen to what was being put up on the board...it helped them understand it a wee bit better...Since that meeting we've had two further meetings and [father] was able to check himself on his own behaviour and he would actually have said, you know, if I had been at this meeting before that [mapping] I would have lost the head..."

"I think they [parents] found it valuable because they got a chance to talk about the issues that were really concerning them...I know they've had experiences in the past that have been less beneficial..."

"He [father] is getting a better insight into things...Through the mapping he has become more open with information...It has given him a clear view of where we're coming from and what we expect...He has become more vocal within the meetings and stuff and if he finds he is struggling he will phone and say...He has become more confident in himself, more confident in his abilities because of going through the strengths of the family...he has grown himself as a person through this."

"...families are taking part so much more and there seems to be less agitation on the part of families...there seems to be less, kind of, hostility. The parents are getting more of a choice. It's not somebody coming in dictating or making judgements...The parents are so aware that this is about the safety and the best outcome for their children; they don't mistake that at all whereas I do feel before that people felt it was about criticising parenting, criticising them as a person...I think the focus seems to be different for parents"

"I think [mother] feels a wee bit more, I don't know...valued more now...She can see that what we're all trying to do is help the family, that Social Services aren't an enemy...I can see [parents] buying into it. I think they can see the value in it for the children...it has made them more aware that they shouldn't be arguing in front of the children"

The visual nature of the mapping framework was specifically commented on by 3 professionals as being particularly helpful in assisting parents/carers to understand the concerns of professionals:

“...as much as we were chatting to her [mother] and talking her through things...when it was literally written up on the board it helped her understand it much better”

“...they see what we’re worried about. Where sometimes you could tell them and tell them and tell them ...and they didn’t seem to grasp it, so I do think that there’s something about them getting a better understanding of what...people’s concerns are and also being very clear about how people are going to help them”

Collaborating with Other Professionals

In terms of their working relationship with Social Services, 10 of the professionals indicated that SiP, and specifically the use of the mapping framework and the development of safety plans, had a number of benefits as follows:

- 8 stated that it ensured they were involved in decision making;
- 7 stated that it led to effective communication between professionals;
- 7 stated that it led to professionals having shared goals in their work with the family;
- 7 stated that it ensured clarity of roles and an understanding of the work being undertaken by different professionals;
- 5 stated that it led to a sense of shared responsibility;
- 3 stated that it ensured more collaborative practice;
- 2 stated that enhanced the quality of relationships amongst professionals;
- 1 stated that it had led to them having a better relationship with Social Services than had previously been the case.

A number of quotes are provided below in order to illustrate these benefits:

“...it made it very clear, you know, about who has to do what and when it has to be done by so that was very clear...There is shared goals...It has probably helped towards better relationships between all services that are involved...If there is clarity of roles it gives people a clearer understanding of what other people are doing...and put timescales on it...it doesn’t allow for a lot of drift to happen, you know, when you know what other people’s roles are...”

“Probably we are getting more contact from social workers now...there was a period of time...when we really were saying to one another, where has all the social workers gone...and there was very little communication...I definitely have noticed a difference over the last few years; the communication channels have opened again...maybe it’s to do with Safety in Partnership”

“If you’re able to sit down as a group and spend time thinking about the case and everybody comes up with a common idea of what’s really happening, plans the way forward, it’s more coherent, it’s more consistent, less confusing for the family because...if everyone is singing off the same hymn sheet so to speak, the family’s going to be more tuned in to what’s being offered and probably more likely to complete it”

“...the way it’s done and the way it’s organised gives a good outline to people, you know, that you’re answerable for this...It has made the child more centred and professionals more organised in the sense of being more structured in thinking about the child’s wellbeing”

“You’ve a clear role of what you’re doing and what’s expected of you...it is more collaborative. I think the shared responsibility of the case has cemented a whole lot of relationships”

“There’s a lot more sharing of information, I would find that now...everyone’s on the same page, we’re all on the same agenda...I think there is probably more contact [with Social Services] because of the Safety in Partnership. Before this came into being we would have had very little unless it was a child protection conference...”

The time-consuming nature of the mapping process, and the impact of increasing workloads on professionals’ ability to devote time to meetings in which the framework was used, was discussed as a potential barrier to these benefits by 7 of the professionals. Due to increasing pressures of work within their own service, 2 professionals stated that a contingency plan had been introduced whereby they had been instructed not to attend core group meetings:

“...it’s always about resources at the end of the day...that’s what it boils down to. They [Social Services] are being expected, as we are, to deal with higher and higher caseloads now with less and less time and staff...the level of presenting need is getting higher and higher...”

“We have a huge staffing crisis, huge...We have so many staff off with stress [discusses contingency plan]...It’s very hard to embrace a new change if you’re not going to do it properly...I don’t think you can dip in and out and expect it to work effectively”

Engaging with Children and Young People

As noted above, only 3 of the professionals were aware that some of the tools associated with SiP had been used by the social worker in direct work. These were viewed as being positive in engaging children and young people and enabling them to talk about difficult issues:

“The fairy/wizard and the three houses...get the children and what they’re really thinking...It gets them thinking...their fears and worries come out...It helps them to get talking about it instead of keeping their feelings in, they’re getting their feelings out...they’re nice and they’re child-friendly tools”

10 of the professionals also stated that use of the mapping framework and the process of safety planning had a number of benefits for children and young people as follows:

- 7 stated that it ensured that the focus remained on their safety and wellbeing;
- 7 stated that it led to their views being listened to and understood;
- 7 stated that it led to better outcomes for them;
- 5 stated that it ensured that they had a say in decisions that affected their lives;
- 3 stated that it enabled them to be involved in decision-making;
- 3 stated that they had a better understanding of Social Services’ concerns;
- 1 stated that they had a better relationship with Social Services.

A range of quotes are presented below in order to illustrate some of these points:

“Because her parents have shifted in their attitude towards professionals it has benefitted [child]...there was a possibility of going down the route of pre-proceedings...that would have been a negative for [child] if it had been followed through, and even with regard to her education, she is in mainstream school, her time in school has increased...”

“It has allowed [young person] to come home to a better home, a more secure home and one that he feels safe and able to express himself in and, in the sense of his actual behaviour, it’s not as volatile as it had been in [looked after placement]. So he feels a lot safer within the home now. He has put his views across and how he feels...he’s been very vocal in what he wants...and this feeds into the plans”

“I think there were benefits to the kids in the fact that their views came across...how they felt...how frightened they were...”

“I know that the children...know exactly what to do when they’ve got a problem and I think that’s great...the children had a voice and they were allowed to choose the item that they would use for safety...it makes it real for them, at a level they can understand...it’s very simple and it’s very basic and the kids understand it fully...they just know, if it seems like mummy and daddy aren’t getting on, what to do...they would very easily carry out what’s in their safety plan...[they] would be less frightened”

“We were able to address her [young person’s] risk taking behaviour very quickly...since that has happened we’ve seen a significant change...we’ve dealt with it and she’s come out the other end as a better person”

“I do think that children have input and have a voice and I think that’s important. I think in the past, possibly, children weren’t even aware of what was going on...and weren’t included in such a structured way”

The 1 professional who did not feel that the mapping framework and safety planning had been helpful did acknowledge that, at the very least, the process may have had a benefit for the children involved in that raised awareness amongst the professionals present about their family circumstances.

Developing a Questioning Approach to Practice

10 of the 11 professionals were very clear that SiP had not led to a lessening of the focus on the safety and wellbeing of children and young people or to collusive practice. The focus on safety and wellbeing was viewed, in fact, as central to use of the mapping framework and the development of safety plans:

“It’s to put strategies and boundaries in place for the family in order to keep [child] safe and to provide good long-term care...as an outcome”

“I think the focus was definitely on the safety of the kids, there was no doubt about that...the relationship with the family and stuff didn’t take away from this...”

“It’s about their [children’s] safety and positive outcomes for them”

“The safety plan is very clearly for the children and I think it’s a good safety plan. It hasn’t been compromised by trying to keep good relationships with the parents”

“I think the aim of it is to keep children safe, that’s the prime thing...”

All 10 of these professionals also stated that the mapping framework created a structured forum in which detailed information was obtained from both family members and professionals about the details of incidents and problems and their impact on the children and young people and that it involved questioning and challenging family members where appropriate. 9 of the professionals also said that the framework ensured that risks, as well as family strengths, were identified and highlighted and 6 commented specifically that clear ‘bottom lines’ were stated with the result that clear plans, aimed at promoting the safety and wellbeing of children, were produced:

“Even at the meeting, and the meetings since that, issues that they [Social Services] weren’t happy about they continued to voice, you know and...they would have been very clear; this is what you need to do...so no, I wouldn’t have thought it would have been collusive”

“...you can work out a whole lot of situations and get a whole lot of different opinions about things...if there are issues, it’s a great way of weeding them out and coming up with solutions...It’s a good way of pinpointing problems within the family”

“The focus stayed on the child...It was challenging, but not in a mean way, but in a respectful way”

“...you have a forum for challenging...it’s more likely to challenge risk than anything else and less likely to collude”

“Safety in Partnership gives you a different way of thinking about things and maybe things that I would never have thought of asking and talking about before I do now...when there was problems, we were able to go back to the plan...and come up with strategies – this is what we need to do now to keep it on track...”

“This mapping is more specific in that it takes in risks, it takes in strengths...and there is a safety plan put in so everybody...knows exactly what the risks are, what the strengths are, what the safety plan is when they leave that room...it’s been explained to [father]...if we have concerns it’ll be out there”

There’s no ambiguity now I suppose...everything’s very clear cut about the safety of the children...the lines are quite clear now...It’s about safety, what’s the plan. Everything’s very structured...there’s no woolliness around it...”

“I’ve certainly found that you glean more information from using it...it’s a good way of ensuring we don’t miss things. Everything’s there, you get it all down and it gives you a plan...and hopefully you can turn things around”

Overall, 10 of the professionals stated that the use of the mapping framework had been either very helpful (n=3) or somewhat helpful (n=7) in relation to assessment and decision making regarding the safety and wellbeing of the children and young people involved. 3 professionals specifically discussed how the visual nature of the mapping process enabling a reflective and detailed consideration of the information being presented:

“...it’s more visual...I thought that was quite helpful because it gave an opportunity for everybody to sort of reflect for to see really what was happening in terms of these different categories...of just organising your thoughts...I know even as professionals we have differences of opinion about what’s going on in a family and it’s good to be able to sit down in an open forum and think that out...and, as a group, move forward”

The skills of the person facilitating the mapping were specifically highlighted by 1 professional as being crucial to the process of ensuring that detailed information was drawn out during the process and that all issues were addressed so that the resulting safety plan was effective. This professional suggested that, in his experience, some facilitators were

more skilled and proficient than others. 2 of the professionals stressed the importance of them being involved in reviewing the safety plan with 1 stating that this was not always the case:

“I would like to see that [safety plan] brought back and reviewed...I had one case that went through Safety in Partnership and the next thing I got a letter to say it was closed so I was like, well what’s happened about the plan?”

Developing a Skilled Workforce and Learning from Practice

Only 3 of the professionals stated that they had attended the half-day ‘Stakeholders’ Awareness Training’ course provided by the WHSCT which gives information about the SiP approach to other agencies and professionals. 1 of these professionals stated that further multi-disciplinary training would be useful in order to gain more information about the SiP approach and to share and learn from the experience of social workers and other professionals. Of the 8 who had not attended training, 6 stated that they would like to do so and felt it would be beneficial if this were multi-disciplinary, again to enable learning from experience. 2 professionals stated that they did not feel it was necessary to attend training (1 because her experience of the use of the mapping framework had been negative and she did not think it provided any benefits and 1 because she felt she had been given adequate information by the social workers and the social work manager in her local Social Services office.

Having seen the mapping framework used in meetings convened by Social Services, 1 of the professionals felt that it could be usefully applied in her own work setting and 1 reported that it had influenced practice in the agency she worked for:

“As a tool it can be adapted even to use in our service, you know...we could adapt the model to suit our service...”

“It does give you a good understanding about the family and the family’s situation...we would look for family supports now and who they have and what support they have and try to bring them on board where before, I suppose, we never really considered it as much but now family would be very important to involve in our role...”

1 professional also indicated that the mapping framework was useful in terms of helping him think about the situations of families and children he was involved with and what needed to be done. He surmised that it was probably used by social workers in much the same way:

“It’s something that can be used quite easily. It’s probably used in every team, every single day, you know, with people talking about cases, how would I do this and how would I do that...”

Adherence to Policies and Procedures

The vast majority of the professionals from other agencies and disciplines and agencies (n=10) were very clear that SiP was being used in conjunction with existing policies and procedures and that use of the approach did not increase risk for any child or young person. They expressed the view that use of the mapping framework, and the development of safety plans, fitted well with existing policies and procedures and was not being used as an alternative:

"I'm happy that they've done everything, you know, that it hasn't taken the place of other things...we're still being given regular reports and having all the meetings that they should have...so I'm happy that one hasn't taken the place of the other"

"It fits well. I don't think it can be used in isolation; it needs to be alongside other assessments...it needs to have the work done beforehand"

"Our local [Social Services] office would not omit anything as important as this...it's crucial that you go through the procedures and that everything's matching up"

"...it fits in with UNOCINI and with policies and procedures...it's about getting to the real heart of the matter...finding out what's going on, what can be done"

The comments of 3 professionals indicated that the use of the mapping framework and safety planning were not only congruent with existing policies and procedures but also enhanced them:

"...it was like an extra tool...because, previous to Safety in Partnership...it never seemed to get anywhere because we were never getting past the obstacle that [parents] felt it was an us and them situation...there was lack of trust...we were not getting anywhere at case conferences. There was never really anything that practical coming out of them"

"It can complement them [existing policies and procedures] because through the mapping and stuff you can identify risks that you weren't necessarily aware of before...it is kind of there to enhance whatever other policies and procedures are there...this is one good tool that different things can come out of"

"It's been pretty tight on that [policies and procedures]...They have policies and procedures there already but I suppose it is tighter guidelines for them [Social Services]"

The 1 professional who was very negative about her experience of the use of the mapping framework indicated that Social Services were following the correct policies and procedures but again stressed that she disagreed with how the case was being managed and did not feel that her point of view had been listened to. Finally, all 11 professionals confirmed that their experience of the mapping framework was that it was being used in the context of decision

making and planning forums, such as child protection case conferences, case planning meetings, LAC reviews and core group/care plan meetings, stipulated in policies and procedures:

111

“It’s sitting down at the core group or the case planning and looking at the safety plan...”

“The safety plans in the UNOCINI were linked to the mapping process and then we would go through the safety plans at every core group...”

6. Conclusion and Suggestions for Improvement

112

The aim of Phase Two of the evaluation of the Safety in Partnership approach (SiP) in the Western Health and Social Care Trust (WHSCCT) was to further explore the approach and how it is implemented in practice. Through analysing case files, convening focus groups with staff, and undertaking interviews with family members and professionals involved in a set of current cases, it has been possible to confirm and further develop our understanding of SiP from the work carried out in Phase One.

In particular, we are impressed with the coherence and the relevance of the approach to the complex task of assessing and responding to a wide range of child and family needs, we are confident that SiP is congruent with the WHSCCT's delegated statutory responsibilities and that it is being implemented in adherence to extant policies and procedures. We believe that the approach is making a difference to the way in which staff deliver services and to how families experience intervention. We are, however, also conscious that more needs to be done if SiP, as an effective strengths-based and safety-orientated approach, is to become the defining characteristic of the WHSCCT's children's services.

Accordingly, this section of the report summarises the perceived benefits and limitations of the SiP approach, considers the factors that support and impede its use, and makes suggestions to the WHSCCT for improvement and development. The model of Safety in Partnership (Figure 1, pg. 6), which has emerged from the work in this phase of the evaluation, provides the backdrop to this section as it summarises and interlinks the best practice shared with us. At the core of the model is a focus on child safety and wellbeing and, as noted above, SiP is not just a strengths-based approach, it is a strengths-based and safety-oriented approach, meaning that the consideration of strengths does not lead to the minimisation of concerns, risks or incidents of abuse or neglect. Three areas of relationship work are highlighted as necessary to achieve that focus: working in partnership with parents/carers; collaborating with other professionals and engaging with children and young people. All of these benefit from developing a questioning approach to practice that prompts an empowering, professional evidence-based, reflective practice. That practice needs to be located in, and supported by, management structures and processes that are committed to developing a skilled workforce and learning from practice. Both the management and practice of the approach, as summarised in the model, need to be secured and mandated in an enabling legislative, policy and procedural framework.

The Benefits and Supports of the Approach

Starting with the overarching legislative, policy and procedural framework, it is clear that staff at all levels are concerned to ensure that SiP is aligned with the Children (NI) Order 1995 principles; specifically partnership with parents and taking account of children's wishes and feeling. Where SiP is being practiced, this alignment is apparent. A similar point can be made for the compliance of practice with regional child protection policy and procedures. Although there had been some confusion initially that SiP was an alternative, or at least an additional, parallel tracked approach to routine, regionally determined policy and procedures, there now is a clear message given by management and understood by staff that the approach is part of delivering delegated statutory responsibilities.

Within the appropriate discretion available to all Health and Social Care Trusts (HSCTs), necessary to customise services to their particular circumstances, SiP is a coherent development of earlier WHSCT initiatives. It is the latest iteration of a long standing strategic commitment to 'family support as the preferred method of intervention' (Dolan et al., 2006) but with no loss of attention to child protection. Indeed if anything, SiP may have invigorated the concern for child safety that must always be a core part of family support. At the same time, by meshing SiP with the WHSCT's children's service system of delivery, a shared strategic direction is being promoted and should be amenable to quality assurance/evaluation through process and outcome indicators. This is clearly, though overly, articulated in the thirteen aims of the SiP approach (Appendix 1) which command support from the WHSCT staff tasked with implementing it; primarily Social Services but also health professionals. It is also understood, albeit with varying degrees of clarity and detail, by staff from partner statutory agencies (such as education), and partners in the voluntary and community sectors (such as the NSPCC and Women's Aid).

Crucial to the traction achieved to date by SiP amongst practitioners is the perceived effectiveness of the approach in advancing working in partnership with parents and carers, engaging with children and young people and collaborating with other professionals. Together the 12 practice principles, 6 practice elements, the mapping framework and the 'toolkit' for direct work with children and young people, provide the means to achieve in practice the ethos of 'nothing about families without families'. A further appealing feature of the principles and practice of the approach to staff is that they are well aligned to the knowledge, values and skills base of social work which is the lead profession for its delivery. It sits well with both the Northern Ireland Social Work Strategy (DHSSPS, 2012) and the Munro review of child protection in England (Munro, 2011). It is also in accord with UK 'best practice' approaches such as Signs of Safety and Reclaiming Social Work (Goodman and Trowler, 2012; Bunn, 2013; Forrester et al., 2013).

At the same time as having this very clear link to social work, SiP strongly promotes and facilitates inter-professional and inter-agency collaborative working which is recognised as crucial for ensuring child safety and promoting child wellbeing. In particular, it provides professionals with the detailed, contemporary information on risk and protective factors that they need in order to assess family situations, plan and implement interventions and monitor and review outcomes. The approach is sufficiently flexible to provide clarity about realistic plans which can inform decision making in Gateway, case planning in FIS, care planning in LAC and child protection planning. The approach also ensures that the same information is available to parents and, where appropriate, children and young people, so that they too can understand the concerns that are being addressed and what progress is being made.

Staff recognise the strategic priority being given to SiP and benefit from line management support for implementing it. In addition, they are able to call on the skilled and committed facilitators to help implement the approach and demonstrate it working in practice. Having that backed by a range of training opportunities, with a very clear focus on the practice of SiP, further strengthens understanding and support for implementing the approach. What is most motivating, however, is the reported positive outcomes being achieved in the interests of children and their families.

The Factors that Limit and Impede the Approach

The major limitation on SiP is the lack of a comprehensive application of the approach across children's services in the WHSCT. The extent to which the approach is applied at present varies across geographical areas, services, teams and individuals. There is also a limited understanding of the approach by wider professional networks and families receiving services who, whilst being aware of the mapping framework, have less knowledge regarding the approach as a whole. In addition, use of the approach has ebbed and flowed over time with implementation being impacted on by organisational pressures such as rising referrals and staff turnover (WHSCT, 2013). This is a major impediment for a 'whole system' approach such as SiP.

The SiP approach is being promoted from the strategic management level in the WHSCT rather than being required of staff. This reflects, in part, the absence of clarity amongst some staff and, indeed, some concern at the regional level, around how the approach fits with regional child care policies and procedures, most notably those relating to child protection. This latter concern led to the Health and Social Care Board (HSCB) and the Department of Health, Social Services and Public Safety (DHSSPS) facilitating this evaluation in order to be assured that the approach is congruent with existing policies and procedures. There has, however, been some constraint on the extent to which WHSCT children's services managers can work on detailed integration of SiP across all aspects of the service delivery system. The result is a lack of detail on how best to amalgamate SiP work with statutory requirements for processing (e.g. time frames for completion of work) and with the existing documentation required by procedures in the various parts of the service. The WHSCT needs to explore, with HSCB and DHSSPS support, the accommodation of this approach within all regional child care policies and procedures and should also produce procedural guidance regarding the implementation of SiP within the various service streams (Gateway, FIS, LAC).

Concern about a sufficiently comprehensive implementation of the approach across the WHSCT includes the roll-out of training; for example, the restriction of different types of training by level of staff. This restricts the numbers of people able to act as facilitators which hampers the logistics of organising mappings and may limit the numbers of mappings that take place. This is part of the wider issue of the absence of full-time, dedicated facilitators, 'champions' at team level, and trained supervisors. The resources required for the appointment of such staff, along with recognition of the time involved in implementing SiP, needs to be directly addressed. This would have to include clarification of appropriate work load to allow for the achievement of the central focus on child safety and wellbeing.

Although there is a variety of training material available and being utilised on the training days, there is no training or practice manual that can be regarded as a definitive statement on the SiP approach. The absence of written guidance detailing the way in which SiP should be applied and mesh with the existing service delivery systems weakens the consistency of the approach. It also adds to the difficulty of finding clear methods of measuring outcomes.

Suggestions to the WHSCT for Improving the Approach

In order to build on the considerable strengths of the WHSCT's development and implementation of SiP, there are four areas in which consideration should be given for improvement or new initiatives:

Articulation and Clarification:

- Update and reduce the number of aims of the approach;
- Revise and reduce the number of practice principles and re-state in a way which incorporates the practice elements. Ensure that revised practice principles are couched in language that is understandable and meaningful to practitioners and are consistent with the updated aims of the approach;
- Produce manual that draws together, in a streamlined and coherent fashion, existing information about SiP. This should clearly articulate the approach, including its aims, the principles which underpin it, its core elements, and the tools it incorporates;
- Produce informational literature for each group of key stakeholders (parents/carers, children and young people, wider family members, professionals from other agencies and disciplines) which clearly outlines the approach and their role within it;
- Produce a guide for social workers drawing together, and giving advice on, the various tools for direct work with children and young people. This should be updated regularly.

Implementation:

- Review staff training to date and design and undertake training programme for further selective and monitored roll out;
- Make explicit the links between training, supervision by facilitators and line management;
- Develop ongoing formal support mechanisms for staff following training, e.g. regular top-up training, access to consultation with facilitators/practice leaders;
- Create opportunities for informal sharing of good practice, e.g. develop 'communities of practice' to share examples and learning, produce video case studies of best practice;
- Target teams as the core unit of implementation – to include SiP 'champions' and team case reflection and supervision;
- Provide practice leadership through dedicated full-time practice leaders.

Organisational Embedding:

- Formalise and increase the robustness of quality assurance processes to ensure that SiP practice is being accommodated within existing service structures and policies and procedures at each level of the organisation;
 - Draw up clear written procedural guidance regarding the implementation of SiP within the various service streams (Gateway, FIS, LAC), e.g. when the mapping framework should be used and the frequency of review;
 - Appoint dedicated full-time practice leaders with facilitation, consultation and training responsibilities;
 - Introduce SiP as core to staff induction;
 - Explore, with HSCB and DHSSPS support, the accommodation of this approach within all regional child care policies and procedures;
-

Monitoring and Evaluation:

- Undertake work to develop process and outcome indicators of SiP effectiveness appropriate to each of the service streams (e.g. limited serious incidents, higher quality assessment, more time spent with service users, quicker closure of cases, reduced entry to/numbers in care, increased and successful referral to family support services, reduced complaints and incidents of aggression to staff);
- Monitor implementation against selective roll-out plans and a limited number of key indicators;
- Establish formal process of direct observation, assessment and feedback to staff involved in using the tools associated with the approach (e.g. mapping facilitators, practitioners undertaking direct work with children and young people);
- Consider experimental trials of effectiveness, e.g. randomised control trial, single case design.

Phase Three of the Evaluation

The conclusions of this report, including the suggested emergent model of Safety in Partnership, provide the basis for Phase Three of the evaluation. Two symposia will be convened to consider this report with a view to further refining the SiP approach through deepening its roots in the practical experience of implementing it to-date, sharpening its focus on intended outcomes for children and their families, sharing findings, and developing an action plan for sustainability. The first symposium will bring together staff from the WHSCT and the second will involve participants from the HSCB, the DHSSPS, other HSCTs and an expert panel from outside Northern Ireland.

References

- Brennan, L. and Robson, S. (2010). 'Creative Communication with Children and Young People in Gateshead', Gateshead: Gateshead Children's Services Authority.
- Bunn, A. (2013). *Signs of Safety in England: An NSPCC Commissioned Report on the Signs of Safety Model in Child Protection*, London: NSPCC.
- DHSSPS (2012). *Improving and Safeguarding Social Wellbeing: A Strategy for Social Work in Northern Ireland 2012-2022*, Belfast: Department of Health, Social Services and Public Safety.
- Dolan, P., Curtin, C., Canavan, J. and Brady, B. (2006). *Foyle Trust New Beginnings Programme: Evaluation Report*, Galway: Child and Family Research and Policy Unit, NUI Galway.
- Ferguson, H. (2011). *Child Protection Practice*, Basingstoke: Palgrave MacMillan.
- Forrester, D., Westlake, D., McCann, M., Thurnham, A., Shefer, G., Glynn, G. and Killian, M. (2013). *Reclaiming Social Work? An Evaluation of Systemic Units as an Approach to Delivering Children's Services: Final Report of a Comparative Study of Practice and Factors Shaping it in Three Local Authorities*, Luton: Tilda Goldberg Centre for Social Work and Social Care, University of Bedfordshire.
- Goodman, S. and Trowler, I. (2012). *Social Work Reclaimed: Innovative Frameworks for Child and Family Social Work Practice*, London: Jessica Kingsley.
- Graybeal, C. (2001). 'Strengths Based Social Work Assessment: Transforming the Dominant Paradigm', *Families in Society: The Journal of Contemporary Human Services*, 82 (3): 233-242.
- Hardiker, P., Exton, K. and Barker, M. (1991). *Policies and Practices in Preventive Child Care*, Aldershot: Avebury.
- Hayes, D., Pinkerton, J. and Devaney, J. (2012). *Safety in Partnership Evaluation – Phase One Report: First Impressions*, Belfast: Queen's University.
- Lohrbach, S. and Sawyer, R. (2004). 'Creating a Constructive Practice: Family and Professional Partnership in High-Risk Child Protection Case Conferences', *Protecting Children*, 19 (2): 26-35.
- Lohrbach, S. and Sawyer, R. (2005). 'Differential Response in Child Protection: Selecting a Pathway', *Protecting Children*, 20 (2 and 3): 44-53.
- Munro, E. (2011). *The Munro Review of Child Protection: Final Report - A Child-Centred System*, London: Department for Education.

Pattoni, L. (2012). *Strengths-Based Approaches for Working with Individuals*, Glasgow: IRISS.

Saleebey, D. (2013). *The Strengths Perspective in Social Work Practice (Sixth Edition)*, New York: Pearson.

Turnell, A. (2012). *The Signs of Safety Comprehensive Briefing Paper (Version 2.0)*, Burswood, Western Australia: Resolutions Consultancy.

Turnell, A. and Edwards, S. (1997). 'Aspiring to Partnership: The Signs of Safety Approach to Child Protection', *Child Abuse Review*, 6 (3), 179-190.

Turnell, A. and Edwards, S. (1999). *Signs of Safety: A Solution Focused and Safety Oriented Approach to Child Protection Casework*, New York: Norton.

Weld, N. (2008). 'The Three Houses Tool: Building Safety and Positive Change' in Calder, M. (ed). *Contemporary Risk Assessment in Safeguarding Children*, Lyme Regis: Russell House, 224-231.

WHST (2013). *Report on New and Emerging Service Pressures Within Women and Children's Directorate*, Derry/Londonderry: Western Health and Social Care Trust.

APPENDIX 1:

AIMS, PRACTICE PRINCIPLES AND PRACTICE ELEMENTS

THE AIMS OF SiP (SOURCE: WHSCT)

- To embed the 12 Practice Principles to ensure that all work is carried out respectfully with children and families and that the child is central to conversations whilst adhering to existing policies and procedures
 - To develop meaningful relationships with children and families and promote partnership working to promote better outcomes for them
 - To ensure that the key focus is on the safety of children and young people
 - To talk to families in a language they understand so that they can understand our worries and the impact of events on children and young people
 - To develop meaningful plans which are individual to each child/family to promote safety
 - To develop workforce skills in communicating with children and young people so that their voices are heard and included in assessment, analysis and planning
 - To promote collaboration between professionals to ensure shared goals, effective communication and shared responsibility in working with children and families
 - To ensure safeguarding, child wellbeing, family wellbeing and permanency for children and young people we are involved with
 - To ensure that casework is evidence and research based
 - To promote critical reflective practice in social work
 - To draw out good practice through appreciative inquiry. This will ensure that effective casework and interventions are shared throughout the organisation
 - To make better connections between different parts of the system such as risk assessment, UNOCINI, direct work with children, meetings to ensure that analysis is consistent within casework
 - To promote a learning organisation
-

THE 12 PRACTICE PRINCIPLES (SOURCE: TURNELL AND EDWARDS, 1999: 30-32)

1. Respect service recipients as people worth doing business with
2. Cooperate with the person, not the abuse
3. Recognise that cooperation is possible even where coercion is required
4. Recognise that all families have signs of safety
5. Maintain a focus on safety
6. Learn what the service recipient wants
7. Always search for detail
8. Focus on creating small change
9. Don't confuse case details with judgements
10. Offer choices
11. Treat the interview as a forum for change
12. Treat the practice principles as aspirations, not assumptions

THE 6 PRACTICE ELEMENTS (SOURCE: TURNELL AND EDWARDS, 1999: 51)

1. Understand the position of each family member
 2. Find exceptions to the maltreatment
 3. Discover family strengths and resources
 4. Focus on goals
 5. Scale safety and progress
 6. Assess willingness, confidence and capacity
-

APPENDIX 2: MAPPING FRAMEWORK, 'THREE HOUSES' AND 'FAIRY/WIZARD' TOOLS

The Mapping Framework

Client Name:	UNOCINI Ref No:	Date:
Danger/Harm	GENOGRAM/ECOMAP	Safety
	Grey Areas	
Risk Statements	Next Steps	Strengths/ Protective Factors
<hr/> {Immediate Progress} Safety/Protection Required		
Complicating Factors	Current Ranking ↑ 1 ↓ 10	Purpose/ Focus of Consultation

The mapping framework used within the SiP approach is a development of the 'Signs of Safety' assessment and planning framework utilised in Olmsted County, Minnesota (Lohrbach and Sawyer, 2004; 2005) which is more structured and detailed and aims to help workers think through the issues in the case and communicate these clearly to families. The mapping framework proceeds via three inter-linked steps (mapping, risk statements, and safety plan);

Mapping

Information about the case is presented and recorded in a number of categories in the framework to enable detailed discussion of the case. These categories are not mutually exclusive as discussion of one area may reveal information relevant to another area. The first area discussed is the **purpose/ focus of consultation** which refers to the type of meeting being held (case conference, core group, case planning, supervision session, etc.) and the decisions that need to be made/can be made in that forum.

The next area discussed is a **genogram and/or eco-map** which is used to help understand who's who in the family and to explore the nature of family relationships. If certain family members are not present then this discussion helps bring them 'into' the process and, likewise, if only professionals are involved in the discussion, it helps bring the family 'into' the process. The mapping then moves on to a discussion of **danger/harm** which refers to the reasons why Social Services are involved with the family, the things that people are worried about, and the things people are saying have happened, or might happen, to the child(ren) that make them worried. This is followed by a discussion of **strengths/protective factors**, i.e. the assets, resources and capacities within the family or individuals within the family and which may balance out some of the things people are worried about (danger/harm).

Complicating factors refer to conditions or behaviours that contribute to greater difficulty for the family. Sometimes these are about the family or things happening in the family and sometimes they are about professionals and the services provided (e.g. poor relationship with social worker). **Grey areas** is a means of capturing things that are not yet known or are unclear (e.g. outstanding reports, information from another agency/department that has not been accessed, the views of a family member who is not present, etc.). Discussion of **safety** involves the identification of existing strengths/protective factors which have been demonstrated over time and address some of the identified danger/harm. It is important to note that strengths and protective factors do not equate to safety as safety can only be identified when strengths/protective factors that address identified danger/harm have been demonstrated over time and this can be verified by professionals.

Current ranking refers to scaling on a scale of 1-10 and can be used throughout the mapping process. This may be in relation to a decision that needs to be made (e.g. is the case ready for closure) or an issue discussed at the meeting (e.g. the degree of seriousness in relation to danger/harm) and allows for differences of opinion, for example between professionals and family members, to be acknowledged and explored. The development of **risk statements** is key to the process of safety planning and these are discussed separately below. **Next steps** are developed from danger/harm, complicating factors and grey areas and outline actions that need to be taken including those needed in order to ensure immediate protection of the child(ren). Depending on the risk statements developed, this may be that the child needs to be removed, needs to be on the Child Protection Register, or that Care Orders need to be applied for.

Risk Statements:

Once the case mapping is completed risk statements are created based on the risk assessments which have been completed. Risk statements are clear, specific and detailed statements, written in understandable language, regarding risk and should describe what professionals are worried will happen to the child(ren) in the care of parents/carers if nothing changes. Risk statements should cover:

- | | |
|--------|---|
| WHO? | <ul style="list-style-type: none">• Who is worried?• Who is at risk?• Who is the risk from? |
| WHAT? | <ul style="list-style-type: none">• What is the risk? |
| WHERE? | <ul style="list-style-type: none">• Where does the risk occur? Specific places? |
| WHEN? | <ul style="list-style-type: none">• When does the risk occur? Specific to times? |
| HOW? | <ul style="list-style-type: none">• How would risk be likely to happen? |

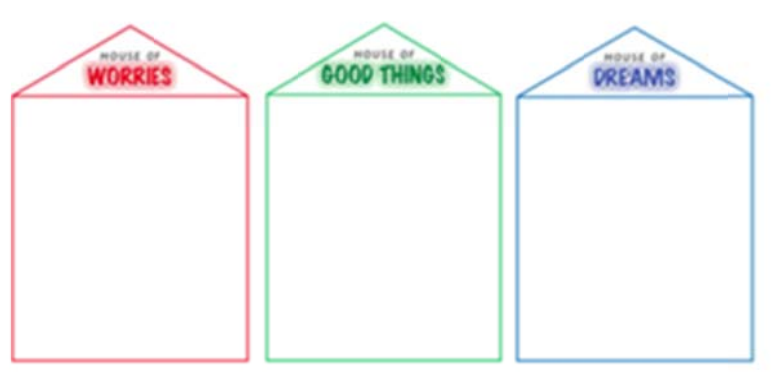
The rationale is that, if risk statements are clear and detailed, then the safety plan which follows on from these will also be detailed and specific. These risk statements inform 'bottom lines', i.e. clear statements about what is the absolute minimum requirement to protect the child(ren) from harm and the actions that must be taken to address the dangers identified and refer to what is 'not negotiable'. These 'bottom lines' should be made clear to the family as should the action that will be taken if the line is crossed.

Safety Plans:

A safety plan is developed with the family and this involves discussion with them in order to develop a plan that describes specific behaviours and actions that address the risk statements and avoid 'bottom lines' being breached. The plan has to be very specific (who, what, where, when and how) and also indicate again what is not acceptable (the 'bottom line') and what action will be taken if the plan is not adhered to.

The safety plan must be written in clear, straightforward language that is understandable to the youngest children so that it can be presented to them and they can be involved in its subsequent implementation and refinement. It must be endorsed by the professionals involved in the case and the social worker must regularly monitor and follow-up with the children and all the adults involved in implementing the safety plan to verify that it is being implemented and is working. The safety plan needs to be tested out and monitored over time and reviewed and amended as necessary.

The 'Three Houses' Tool



The 'Three Houses' tool was created by Nicki Weld and Maggie Greening from Child, Youth and Family, New Zealand (Turnell, 2012; Weld, 2008) and is generally used with older children.

"It takes the three key assessment questions...What are we worried about, what's working well and what needs to happen, and locates them in three houses to make the issues more accessible for children" (Turnell, 2012: 32). The three houses are referred to respectively as the 'House of Worries', the 'House of Good Things', and the 'House of Dreams'.

The 'Fairy/Wizard' Tool



The 'Fairy/Wizard' tool was created by Vania Da Paz, a child protection worker employed by the Department for Child Protection in Rockingham, Western Australia (Turnell, 2012).

"[S]he developed a very similar tool that serves the same purpose as the Three Houses tool but with different graphic representation. Rather than Three Houses, Vania explores the same three questions using a drawing of a fairy with a magic wand (for girls) or a Wizard figure (for boys)...Vania uses the Fairy's/Wizard's clothes (which represent what can/should be changed—just as we change our clothes) to explore and write down, together with the child, the problems/worries from the child's perspective—or 'what needs to be changed'. The Fairy's wings and the Wizard's cape represent the good things in the child's life, since the wings enable the Fairy to 'fly away' or 'escape' her problems; and the cape 'protects' the young Wizard and 'makes his problems invisible for a little while'. On the star of the Fairy's wand, and in the spell bubble at the end of the Wizard's wand, the worker and the child record the child's wishes, and vision of their life, the way they would want it to be with all the problems solved; the wands represent 'wishes coming true' and explores hope for the future" (Turnell, 2012: 36-37).



